STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 3

- 1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DECEASED NAME FIRST	MIDDLE	LASŤ	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	TYPE OR PRINT) Alt	meda E.	Alderman	March 9, 1986	3:40a M
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	oct. 10, 1894	91 _{YRS}	MONTHS DAYS HOURS MIN.
1	A BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
4	Va.	USA	WIDOWED DIVORCED	Charles	MD.
0	10 SITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
f	La Plata		emorial Hospital	(11PE OF WORK FOR MOST OF WORKING LIP	E) INDOSTRI
1	ISUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU	INTY INTY OF TO		13e.STREET ADDRESS / ZIP CODE	28650
1	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		122
3	John	Sowers	E Í vinn	ie	Ke'i"th
2	160 WAS DECEASED EVER IN U.S. A			ADDRESS BO	
0	(YES NOOR UNKNOWN) (IF YES, G	229-18	3-6221A Freeda O	.Gragan, Lovevi	lle, Md. 2065
	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	very every	RMINAL DISEASE OR CONDITION GIV	/EN IN PART 1:0
		12.44.00	Surveying		
1	190 DATE OF OPARATION 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED EYING CAUSES OF DEATH?
	00 00 00 00 00 00 00 00 00 00			IRRED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)
	GIF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	COUNTY STATE			
	saw the deceased plive or	n 19 att view the blody after death.		, to, to, and death accurred on the date and hou	19 that (I) (we) lost or and from the couses stated
	TH GNATURE	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
7	224 PHYSICIAN'S NAME ITYPE	OR PRINT)	22e ADDRESS		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

W. Clarke Mattingley, Leonardtown, Md MAR

23a BURIAL, CREMATION, REMOVAL

Burial

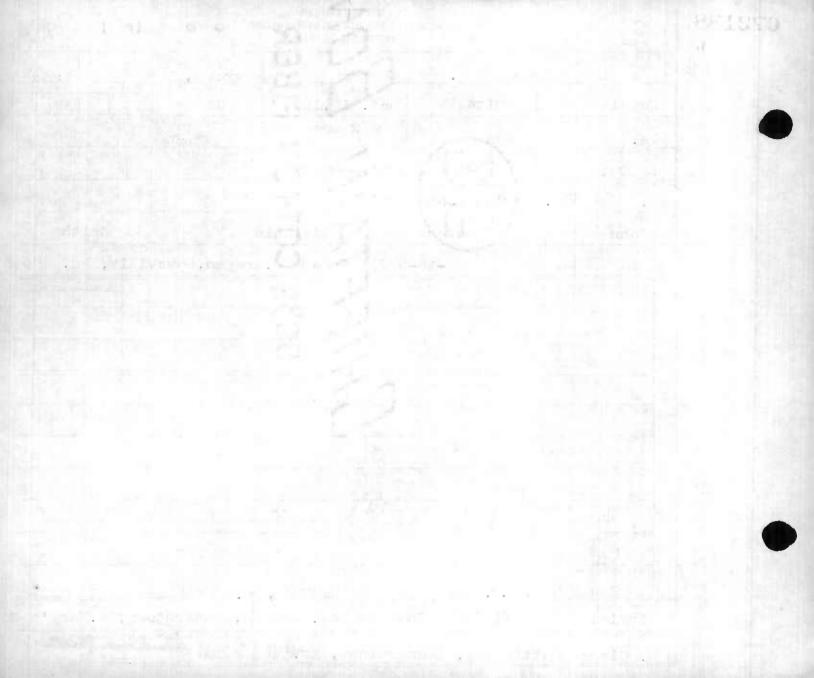
Khadar Baig, M.D.

23b. DATE

3/12/86

La Plata, Md. 20646

236 NAME OF CEMETERY OR CREMATORY
Charles Mem. Garden's, Leo Mardtown, St. Mary 's



DHMH - 16 60M 7/B4 (VRA 15, 4)

3/17/86 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Burial.

23c NAME OF CEMETERY OR CREMATORY Cheltenham Cemetery

Cheltenham.

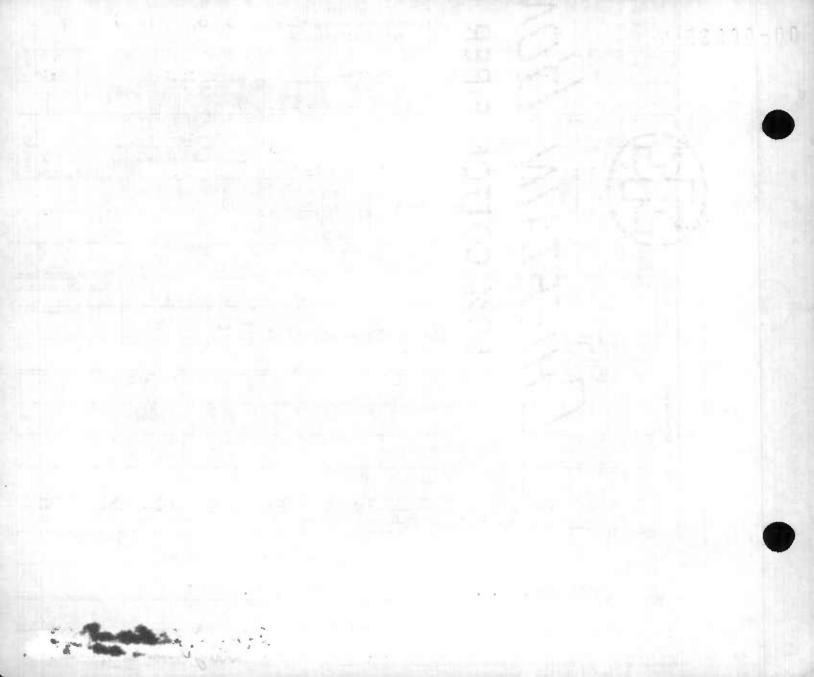
NO []

STATE

2b HOUR

Cross

250 DATE REC DELY. RE ALEXANDER S. POPE-2617 Pa Avenue, S.E. Wash DOWAK 18



		9				ATE OF MARYLA			0 7	0 17	
0.0	00005	1-	FOR STATE		DEPARTMENT OF				00	7 -	
00-	00235		REGISTRAR	ME	DICAL EXAMI	NER'S CERTIF	ICATE OF DEA	REG.			
			CEASED NAME DE LERST		WIDDLE	R		20. DATE KNOWN OF ESTI-		DAY YEAR	2h HOUR
1	ASE SET, TES.		Patrici	a 1	tun	Dallett		DEATH MATED	□ March	K 1906	ZA M
P	RECTOR. JR FILES. 2 HOURS 1 STREET,	3. SE		5. DATE OF BIRTH	YEAR LAST SIRTH		HOURS MIN	PRONOUNCED	MONTH	DAY YEAR	2d HOUR
1	972978	1	W	129		rrs.	770000	DEAD	March ?	L 1966	27 M
5	ESSA PIN Y		RTHPLACE ISTATE OR REIGN COUNTRY)		HAT COUNTRY?	8. MARRIED N	IEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	SAN FEST	1_	Maryland	U.S.		WIDOWED -	DIVORCED		s Coun	_	MD
34	の世界日本		TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	E, OR OTHER INSTIT	UTION , 12a. US	UAL OCCUPATION	TYPE OF WORK 126	OR INDUSTR	SINESS
	A STATE OF	1	a Plata		ans Memo		pital W	altress		Resta	urant
	CONTRACT!		AL RESIDENCE (IF IN NURSING HOME OR TATE 136 COUNT	OTHER INSTITUTION, GI	13c. CITY OR TOWN	13d. INSIDE	GTY LIMITS? 130 STF	REEI ADDRESS	Z1p 2	0746	
	S SEEDED	N	laryland Princ	e Georg	es/Morin	gside YESX	X NO [6	706 Mari	anne D	rive	
1	A SALLE	4. F.	ATHER'S NAME	MIDDLE	LAST.		HER'S MAIDEN NAM			LAST	
1	\$ 10 E 2 E 2 E	1	Liewellyn Ro	binson	Barrett	Noi	rma Eliz	abeth Br	amble		
	W NACHED IN	16a \	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECUR			ADDŖ			
	A SERVE		ES, NO. OR UNKNOWN) (IF YES, GIVE W		216-88-	5725 L16	ewellyn	Barrett-	Box 42	3, Mari	bury,
	T SE		18 CAUSE OF DEATH (Enter only	one cause per line	for (a), (b), and (c).)	, 1	-6	1.	\	APPROXIMATE BETWEEN ONSE	INTERVAL
- 3	28282	3	PART I DEATH WAS CAUSED	BY: E CAUSE (a)	Cranio Co	vical T	Jama	AVM)		instanta	
	STATE OF	1	0/97	DUE TO, OR	AS A CONSEQUENCE	OF				1	
	E E SE		Conditions, if ony, which gave rise to immediate	(b)				OF THE			33.70
100	NAME OF A		cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF			No.		
	S S S S S S S S S S S S S S S S S S S			(c)							
1	S CERTIFICATE SHOULD BE EXER RITING THE WORD "FENDING ROED TO THE CHIEF MEDICAL S SHOULD BE USED AS A BLE EPERARMENT OF HEALTH AND TO PRIOR TO BURRIAL, CREMAND TO PRIOR TO BURRIAL, CREMAND TO PRIOR TO BURRIAL, CREMAND TO THE SHORT TO THE	-	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEASE OR CONDITI	ION GIVEN IN PART 1 18			111	-14-
	A A S A S A S A S A S A S A S A S A S A	CERTIFICATION									
	HAULD B SRD "PEN CHIEF ME USED AS OF HEAL, CR	3	198. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS PERFO	RMED?			20 AUTOPSY?	
	E SHOUL WORD "I BE CHIEF BE USE ENT OF H	E								YES 🗌	NOT
	ISION OF VITAL IRTIFICATE SHOUL ING THE WORD "F D TO THE CHIEF SHOULD BE USED ESPARTMENT OF HIP PRIOR TO BURRIAL,		210. EXTERNAL CAUSE WAS	POUR A.M	MONTH DAY YE	AR	Y OCCURRED CENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2))	
	SET CONTROL	S	CONTRIBUTING CAUSE OF D	EATH U- AP.M	. ~ NEVEN 190	PILLIA	4- 10	ar			
	WIS SEEN TO SE	MEDICAL	WHILE NOT WHILE		OF INJURY (AT HOME,	211 LOCATION		CITY OR TOWN	CQUNT	Y	& ST À TE
	DIVIS INER: THIS CER ICATE. WRITIN ICAR: PAGE 3 S THE STATE DEP AND, 21201 PR	1	AT WORK AT WORK	51-		Kt 22	-7 81	untret	Charles	3	Md
		/	22a I certify that I took charge	of the remains des	cribed obove, held on	Autopsy .	Inspection .	Inquiry X	and in my opinio	on	
	EXAMINER CERTIFICAT UID BE FOR F, WITH THE MARRIDAND		death resulted fram: Natura	l couses .	Accident V	uicide . Hom		termined manner],		
	AN DE LENGT	-	111.	1	11)	THTLE ((SPECIFY)			1 1	0,
TOO.	A H S A S A S A S A S A S A S A S A S A		ACTUAL HW	vance	くよしく	M.D. Cha	UPI MED	DICAL EXAMINER	DATE	L March	18
	NER STEEL	-	EVALIBIEN'S NAME II A A A	. 1	116 .		41 0	1	0 1	1.1.20	
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC BALTIMORE, MARTE		EXAMINER'S NAME H M	Mayon.	LEAT W	ADDRESS	21511 175	X 1620 G	Mata	W4 501	04(
	525548	23a.B	URIAL, CREMATION, REMOVAL 23	b. DATE	230 NAME OF C	METERY OF CREMAT	TORY 23d LC	OCATION	COUNTY	51	ATE
07/		_	Burial	3/6/86	Trini	ty Memor:					d
25N	DHMH - 17		UNERAL DIRECTOR	ADORESS.		M		Y REGISTRAR 256 RE			
	(VR A15 ME (5))	Ar	ehart Funeral	Home, I	nc.,La P	lata, Md.	M. T. M.	36 Julia Day	recov-Mouse	A CONTRACTOR OF THE PARTY OF TH	3.81

. Schuco softendi Maryland Arthon Compact orlandide Axialia (275 Mirianne Dalve Arubart Venezali Hore, Inc., 50 118to, Hil.

AREHART FUNERAL HOME, INC. LA PLATA, MD

(VRA 15, 4)

BEAUTIFUL TO THE CONTRACT OF T

FOR

S	TATE	OF.	MAR	YLAP	ND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
L DECEASED NAME. FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
Cerald	ine M.	Bu	tler	March 5. 1986	10:49 M
1. SEX	1 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	Black Jun	ë 29°, 1924°	61 YR	S DAYS HOURS MIN.
THE BURTHPLACE THE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Md.	Usa	WIDOW		Charles	MD.
10 CITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
La Plata	Physicians	Memorial		Teacher	State
The second secon		esidence before admission lity or town narlotte	113d INSIDE CITY LIMITS?	Rt.2, Box 9	
A FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		
Unkno	wn		Elvia		.dsborough
WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES	OCIAL SECURITY NO	17 INFORMANT	ADDRESS	
No	21	8-16-686	John F. Bu	utler Same	as 13e.
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one cause per line le	73 1.	. 020	HEXALE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (a)	Carrelia	e arrest	Maria Company	
	DUE TO OR AS A	CONSEQUENCE OF			
Conditions, if ony, which	(,6)	Cond	id mydpetter	1	
gave rise to immediate	10)				
cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF	la relacióna		
5.55.77.59	10)	20	Chocon		
	Levellons contri	Sundyme.		MINAL DISEASE OR CONDITION	GIVEN IN PART 110
190 DATE OF OPERATION	0 3 0 1 1 1 1 1 1	FOR WHICH OPERATION		20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES TO NOT	RTIFYING CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	IDV	1214 HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	[_]
		MONTH DAY YEAR	216. HOW HAJORI OCCOR	KED TENTER NATURE OF INJURY IN ITEM	(8 PART OR PART 2)
S (IF EITHER NOTIFY MEDICAL EXAM		19			
OR CONTRIBUTING CAUSE OF	21e PLACE OF IN	JURY CTORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this he	spital) attended the dece	eased from CL	blember 19 81	1 10 2-5	. 19.86 , that (I) (we) lost
sow the deceased alive	0 -	19.86		death occurred on the date and	
22b SIGNATURE	. 11		DEGREE		27r. DAYE SIGNED
V _A	math		M.D ATTENDING	DIRECTOR PHYSICIAN	3/4/86
22d PHYSICIAN'S NAME IT	PE OR PRINT)		22e ADDRESS		130 #2200
Girija S.	Rath, M.D.			Charles Prof. B	rag., #3200,
230 BURIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY OR CREMATORY	238 LOCATION	
Burial	3/7/86	Charl	es Memorial	Edne Leonan	dtown St. Mary
24 FUNERAL DIRECTOR	07.700	J Uliai I	250. DAI	TE REC'D. BY REGISTRAR 25h REC	GISTRAR'S SIGNATURE
W. Clarke Ma	ttingley.	Leonardt	25.2	R 1 0 1086 Fielis	a Davidson Aandalle.

DHMH - 16 60M 7/84 (VRA 15, 4)

Black and the second of the se

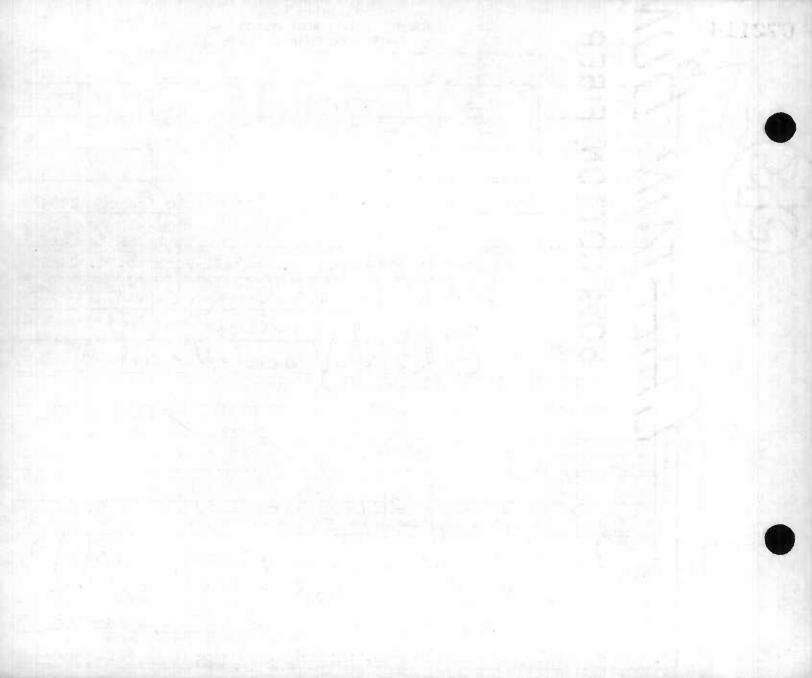
S TOTAL CARREST OF THE STATE OF

O.	
ra.	
-	
17.	
Mr.	
ш.	
z :	
-	
•	
ш.	
G-	
= -	
-	
-	
•	
•	
100	
46	
· 100	
-	
.	
5	
26	
=	
-	
4	
-	
95.	
100	
т.	
_	
-	
n	
_	
Z	
-	
)	
_	
0	
-	
36	
3	
_	
>	
30	
_	
=	
7	
. 7	
5, 20	
05, 20	
DS, 20	
KDS, 20	
DRDS, 20	
OKDS, 20	
CORDS, 20	
ECORDS, 20	
RECORDS, 20	
RECORDS, 20	
L RECORDS, 20	
AL RECORDS, 20	
AL RECORDS, 20	
I AL RECORDS, 20	
II AL KECORDS, 20	
VII AL KECORDS, 20	
VII AL KECORDS, 20	
F VII AL RECORDS, 20	
OF VITAL RECORDS, 20	
OF VITAL RECORDS, 20	
OF VITAL RECORDS, 20	
N OF VITAL RECORDS, 20	
ON OF VITAL RECORDS, 20	
ON OF VITAL RECORDS, 20	
ION OF VITAL RECORDS, 20	
SION OF VITAL RECORDS, 20	
ISION OF VITAL RECORDS, 20	
VISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
DIVISION OF VITAL RECORDS, 20	
DIVISION OF VITAL RECORDS, 20	
DIVISION OF VITAL RECORDS, 20	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH I. DECEASED NAME 26 HOUR TYPE OF PRINTI Benjamin F. Campbell March 8, 1986 3:30p 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 4 RACE NOV. 18 1910 75 White Male To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Amherst, Va. USA Charles County WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Physicians Memorial Hospital LaPlata USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Charles Potomac Hat 13d INSUE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland 20640 14 Circle Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jim FIRST FIRST Alice Cash Campbell ADDRESS 14 Circle Ave. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Agnes P. Campbell Potomac, Md. 20640 228 2355 II CAUSE OF DEATH Enter only one course of the locks tiblio PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE IN Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THAT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fro and that lighting your) opinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGN MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 73d LOCATION CITY OR TOWN Burial Mar.12,1986 Amherst Cemetery Amherst. 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Maryland

Mundon Bondall

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

and the state of the last

- STATE REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS March 9, 1986 5:41 M RoseChristiansen Christine 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX CAUCASIAN August 7,1900 FEMALE 85 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersev WIDOWED DIVORCED Charles NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home La Plata Physicians Memorial Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 308 Tompkins 13n STATE 136 COUNTY Waldorf 13d INSIDE CITY LIMITS? Charles Lane/20601 NOX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Schmidt Hillerbrecht Emma Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Daughter IVES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Louise D. Gerity 061-52-7468 No same as 13 III CAUSE OF DEATH (Enter only one coour per fire for (a), (b), and PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR ASLA CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES. WERE FINDINGS LISED INCERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a. I certify that (Citing hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and how and from the causes stated saw the deceased alive on above him a state of the same above him a state of the same above the same as a 22b. SIGMATURE DEGREE 22c. DATE SIGNED ATTENDING & MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS La Plata, Md. George Wathen, M.D. 20646 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Smith Funeral HomeDeRuyter, Madison, 250 DATE REC'D. BY REGISTRAR'S SIGNATURE Removal 3/11/86

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Huntt

Funeral Home, Waldorf,

BP

FUNERAL old be deta

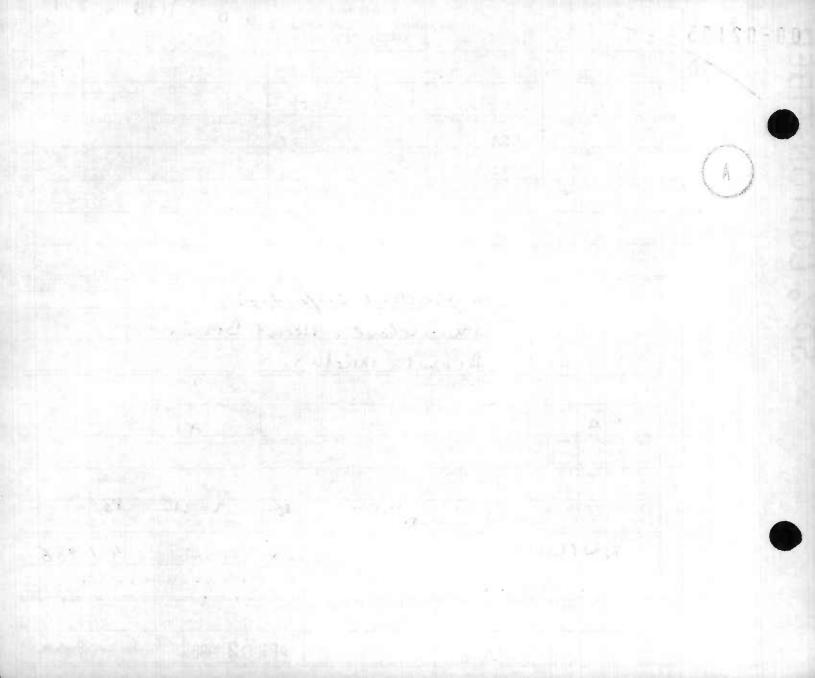
61 5 79

The second secon Ser Book, That was a later And a profilms a Tolerania acrel the well the

V property of the V

Const. Common Managers, No. 100 Col. Seroblett, emphisocraphy 22005.

decimal and the same was 146 A 146 18 11M



92511		FOR STATE REGISTRAR		STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
noy be poge 3 r death		CEASED NAME FLORENCE	E KERL	DAVIS	3 29	1986 12:59
ge 4 mo) ector po	3 SE	FEMALE	White	5. DATE OF BIRTH MONTH DAY YEAR 10 2 1888	6. AGE (IN YEARS LAST BIR!	MONTHS DAYS HOURS MIN.
eoth. Po		RITHPLACE (STATE OR FOREIGN 76	and/U.S.A.	MARRIED NEVER MARRIED WIDOWED MORCED	9. BALTIMORE CITY OF Charles	County of DEATH
s offer o	1	TY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) EMORIAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOME make	WORKING LIFE) INDUSTRY
24 hou	13a S	ALRESIDENCE (IF NURSING HOMEOR OF COUNTY COU	HER INSTITUTION GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltim	ADMISSION) N ORE YES NO	3020 Bev	ZIP CODE Zip. Verly Road 21214
and a within	y FA	THER'S NAME George Kë	DDIE LAST	15. MOTHER'S MAIDEN NAME ETTA	etermän"	LAST
n and a		VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) IF YES, GIVE V	PAR OR DATES) 166 SOCIAL SECU 213-10-		2921 N.ADE Cawthorne-	Daughter/Silver
printicate 1 a physicia on popers emoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	testinal about	ul	APPROXIMATE INTERVALS BETWEEN QUSET AND DEATH
offendin nave corb ation, or i		Conditions, it any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	of ventra	herris	years
d by the	No.	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE			V
en signe Then p or to bur	NOIL	Chin	detection	DEATH BUT NOT BELATED TO THE TERM		
The low ton. bos be if permit inne printene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
UCIAN: The g physicion g physicion idi-tronsit printial-tronsit printial-t		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOT IFY MEDICAL EXAMINER)	P.M.	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
offendin offendin ter this os the bu h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
spirol or STOR. A for use of Healt		220.1 certify that (1) this hospital saw the deceased after an above, (1) (we) (did) (and not):	-3 3 6	, and that in (my) (aur) aprinian	death occurred on the do	the and hour and from the causes stated
ral OR A the hory the hory the horderached detached of Dept. VI. If them		22b. SIGNATURE	eff		MEDICAL STAF	FIAND 221 DATE SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be determined to with the Store IMPORTANT.		224 PHYSICIAN'S NAME (TYPE OF P	NIEL HOWELL		ATA, MD.	
BP	230 E	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 23c N	AME OF CEMETERY OR CREMATORY 6 Parkwood Ceme	tery Balti	imore City, Maryl
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADDRESS	Za Plata Md APR		256 REGISTRAR'S SIGNATURE

that timers, herrans/Usface. westling the "special correspond to the best of about 12 and 12 a BENEFIT TO BE BRIGHT STORY OF THE STORY OF T

MAN DAR HOME the second of th TRANSPORT PROME TO SELECT THE PROPERTY OF THE LIM THE STATE OF T

DHMH - 16 60M 7/84 (VRA 15, 4)

THORNTON FUNERAL HOME

POMONKEY

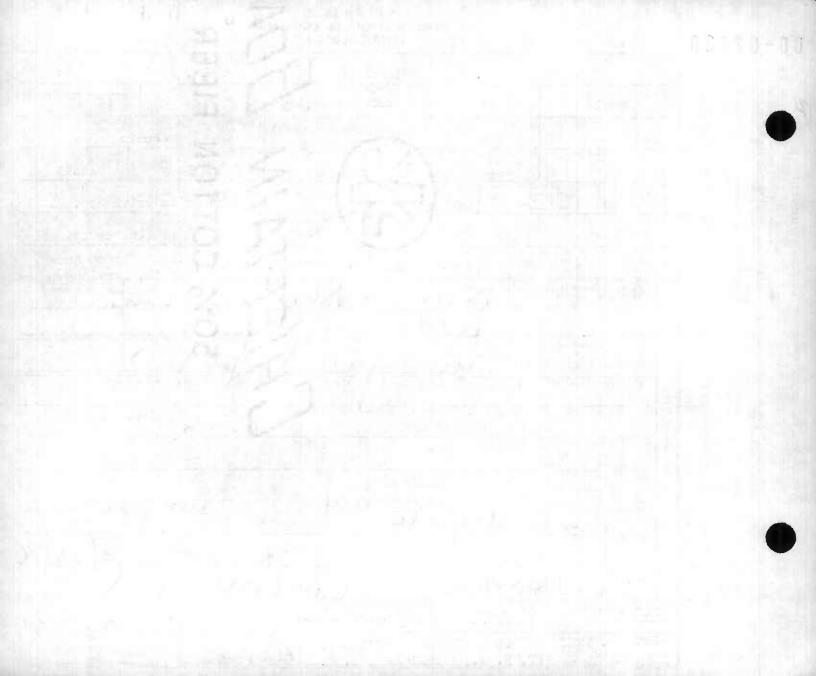
ADDRESS

The state of the s

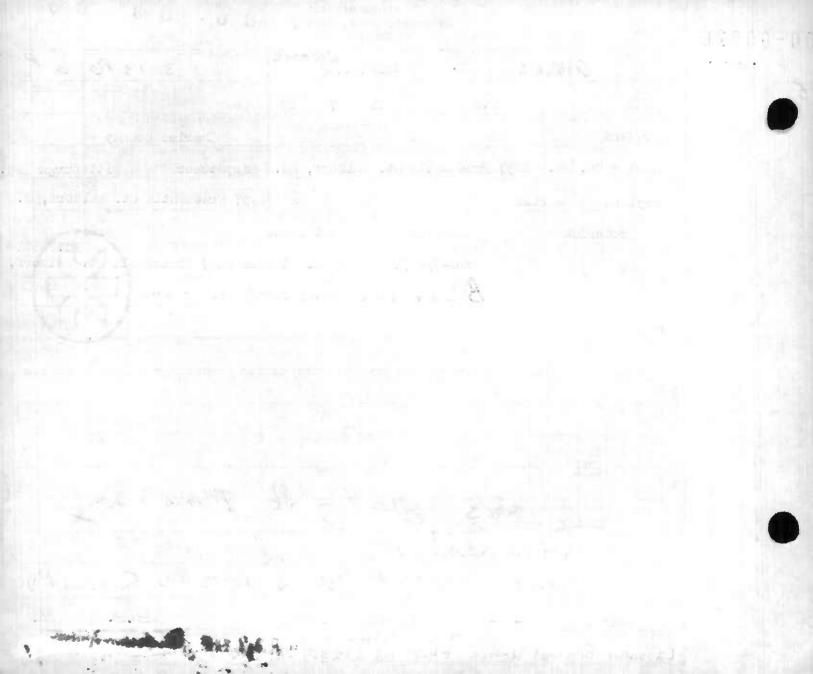
232 CARROLL STREET, N. W., WASHINGTON, D. C.

(VRA 15, 4)

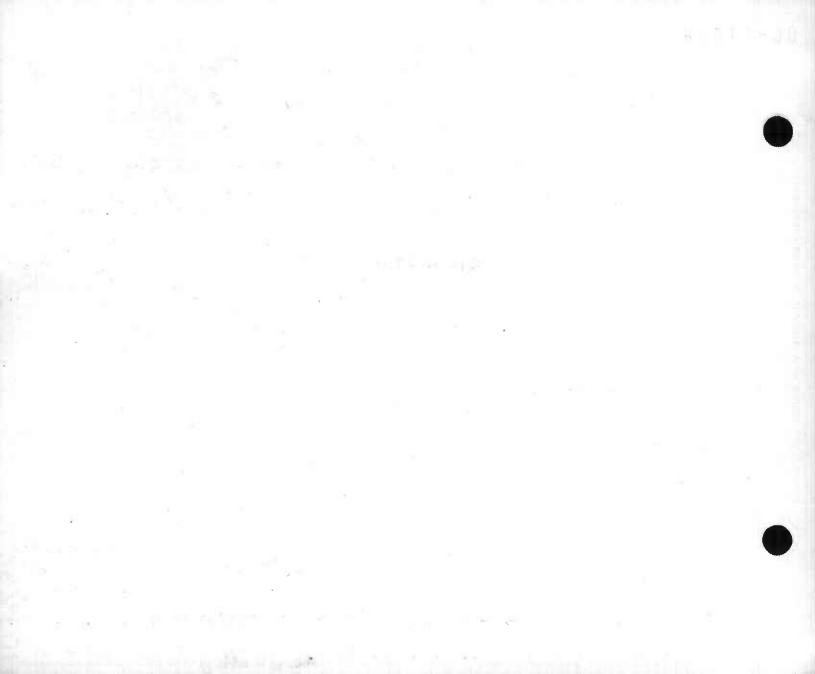
na white down for the



-00926	1.	FOR STATE REGISTRAR		DEF	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIEN 8 6	0	8 4	0 6
be 3		ENOED INVITE	YRLES	WIDDLE	GZ	AE SER	20 DATE OF DEATH	MONTH 3	13 86	26. HOUR P
4 may	3. SE)		4 RACE	hite	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol direct	(Male RTHPLACE (STATE OR FORE OUNTRY) Jaryland		N OF WHAT COUP	NTRY? 8 MARRIE WIDOWE	T 7 19 NEVER MARRIED [DI D	9 BALTIMORE CITY Cha:	OR COUNT		MD
by the further described with	(harles Co.	Md. 215	7 Freeman	ntle Ct.	Waldorf, Md	(TYPE OF WORK FOR MOS) Dispatch	OF WORKING LI	IFE) INDUSTRY	sburgh E
should be	M		county Charles	13c. CITY OF	E BEFORE ADMISSION] R TOWN	13d. INSIDE CITY LIMITS? YES NO A	STREET ADDRESS	zip cob nantle	Ct. Wa	ldorf,Md
ond 2) FA	Frederic	k MIDDLE	Gla	eser	Catheri			Gra	ft
n and co		AS DECEASED EVER IN I	U.S. ARMED FORG FYES GIVE WAR OR DA	755)	07-3713	Mary L. Gl	aeseæ 2157]	ress Preema	ntle Ct	Ma.2060 Waldon
low requires that the state of	CERTIFICATION		CANT CONDITIO		G TO DEATH BUT	NOT RELATED TO THE TE	200 AUTOPSY?	20b. 1F YE	VEN IN PART 11 S, WERE FINDIN	NGS USED
TO HOSPITAL OR ATTENDING PHYSICIAN. The lifetoned by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate has should be detached for use as the buriol-transit pewith the State Dept of Health and Mental Hygiene IMPORTANT. If them 21 is marked or Item 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this sow the deceased a above, (1) (not otal) 22b. SIGNATORE 22d PHYSICIAN'S NAME	SE OF DEATH EXAMINER 21e. P (AT HC) (AT	body also death	19 DEFICE FARM, ETC.) from 19 19 10, or	211 LOCATION STAFET 19 d that in (my) aur) apinic DEGREE ATTENDING	on death occurred on the	JURY IN UEM 18 TOWN date and have	PART 1 OR PART 2) 19 19 127c DATE	STATE That (I) we) last causes stated
	23a B	URIAL, CREMATION, REA	MOVAL 236. DA	TE	23c NAME OF C	EMETERY OR CREMATOR	CITY OR TOWN	Tuon	ford	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	Burial NERAL DIRECTOR NAME 355MN fur	1-c1	.5-86 72	to 1 Be	ew Mem. Park PIE Rd. 250 n 250 n AR	ATE DEC'D BY DEGICIPA		der-An	less g



			STATE OF MARYLAND 0 6 0 8 4 0. /	
00-01546	1 -	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENEO CERTIFICATE OF DEATH	
00 01340		REGISTRAR	REG, NO,	
may be r, page 3		CEASED NAME RIST	NIMIN HANCOCK 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR	AM
ge 4 may scior, pog 's after de	3 SE)	Female	RACE S. DATE OF BIRTH MONTH DAY YEAR 17 19 01 6. AGE (IN YEARS LAST RIRTHOAY) WONTHS DAYS HOURS YRS.	24 HRS MIN.
erol dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NOT NOT DIVORCED DIVORCED DIVORCED DIVORCED	MD.
ofter dea	/	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION. 120 USUAL OCCUPATION 12b. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	SSOR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours system and completely filled in biopers. Page 1000 to 614 wol. it, the medical completely filled in biopers.	45U/ 130 S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NOT IN THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 134 PREST ADDRESS 135 PREST ADDRESS 137 PREST ADDRESS	one
MARYLAN ed within 2	IA FA	THER'S NAME	MIDOLE LAST PRIST MIDOLE MIDOLE LAST	<u>eq</u> 0
NORE, M.		(IF YES, GIVE	VE WAR OR COATES)	100
TIM De c	_	No	215-760 103 107 12 100 Ind. on Meas 20	/
W. PRESTON ST., the death certifue the death certifue the attending ph the remove carbon p cremation, or remo		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
201 ned I pleo urial	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir to thending physicion. fifer this certificate has been sig os the burnal-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO	H?
PHYSICIAN: TI PHYSICIAN: TI ending physici this certificate the burial-transit and Mental Hygi-		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH DAY YEAR	
DING PHYSK or ottending After this ce te os the burner oith and Men marked or the	MEDICAL	21d. INJURY OCCURRED WHILE HOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STA	ATE
TTENDI pital ar TOR. A far use of Heal		saw the deceased alive an	ital) attended the deceased from	
5 0 8 0 E		77E SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	.86
O HOSPITAL . TO FUNERAL I from the Store I with the Store I will be a store I with the Store I will be a		22d. PHYSICIAN'S NAME (TYPE OF	race ul dinton, MD 20735	8
BP/66	(BURIAL BURIAL	3-22-86 ALL FAITH CH.CEM. CHARLOTTE HALL ST.MARY	
DHMH-16 20M (VRA 15, 4) 7/78		NERAL DIRECTOR REHART FUNERA	ADDRESS AL HOME, INC. LA PLATA, MD	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

STATE
REGISTRAR

CERTIFICATE OF DEATH

	NEO IO / IO / IO						REG. NC).			
	ECEASED NAME Cha:	r1	Jebster Jebster		bert	Sr.	3-4	-f6	AY YEAR	26 HOU	30 m
3. SE	X	4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	#4 HRS
	Ma1e	Cauca	sian	Jan	20,	1905	81	YRS	ONTHS DAYS	HOURS	MIN,
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	. P NEVE	R MARRIED	BALTIMORE CITY OF	COUNTY	OF DEATH		
M	aryland		ISA	WIDOWE	D	DIVORCED	Charles				MD.
	LaPlata	Physics	HOSPITAL, NURSIN	toria	1 Ho	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY Fari	n i n c	
13a.	STATE 136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
M	aryland Char	rles	Hughes			NO 💢	Rt-1 Bo	K-248	/206	37	
	ATHER'S NAME FIRST Charles Pose	y Herbe	LAST P t		15 MOTHE	R'S MAIDEN NAM FIRST Sophi	MIDDLE	Swa	LAST	1	
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFOR		ADDRE	SS		1	- 17
	YES, NO OR UNKNOWN) I IF YES, GI	VE WAR OR DATES)	217-36-	6095	Bes	sie M.	Herbert	- S	ame a		13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY. TE CAUSE (a)	line for (a), (b), an	100	Alex	rotare	nomedosi	4	BETWEEN C	MATE INTER	
	IMMEDIA		Ata			- 12				-	
	Conditions, if any, which										
	gave rise to immediate										
	underlying cause last.	DUE TO, O	RAS A CONSEQUE	NCEOF	200	Lend.					
	DANTA OTHER SIGNATURE	(6)	01100	any	100	- VES	57				
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	DNIKIBUTING TO L	DEATH BUT	NOI KELAI	ED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVE	EN IN PART To		
CERTIFICATION	2-26-86	196 COND	Conse	HOPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINI IN CERTIFYING CAUS				ING CAUSES		TH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCURR	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211 1064	TION					
ME	WHILE AT WORK	218 PLACE 1AT HOME, STE	DEET, FACTORY, OFFICE, F	ARM ETC)	211. LOCA STR	EET	CITY OR TOV	٧N	COUNTY	S	TATE
	22a.1 certify that (1) (this hasp	ital) attended th	e deceased from_	2-2	5-00	G 19	to	. 1	9	hat (I) (v	we) last
	sow the deceased alive or	3-4	-86 19	, on	d that in (m	y) (our) opinion d	eath occurred on the do	te and hour		, ,	
	obove, (I) (we) (did)(did no	or view the body	affer death.	_ [DEGREE		/	_	22L DATE	GIGNER	/
	J-VARRAM	SARI	BUE K	1.0.		ATTENDING PHYSICIAN	MEDICAL STAF	AN	3-4	-50	-
	274 PHYTICUM SNAME THE	pros	und)	22e ADDR	Tal	late M	43	206	46	
	BORIAL CREMATION REMOVAL	23b. DATE	23€ №	NAME OF CE	METERY O	RCREMATORY	23d LOCATION				
	Burial	3/7/8	6 01	dfiel	lda C	emetery	Hughes	ille	, Charl	lea.	Md.
	UNERAL DIRECTOR		P. Q. B	DX 15	56	25a DATE	REC'D. BY REGISTRAR 2				
H	untt Funeral	Home	Waldorf			11 MAR	1 1980			-	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. sould be deta SPORTANT.

as the burial-transit permit. Then plea th and Mental Hygiene prior to burial.

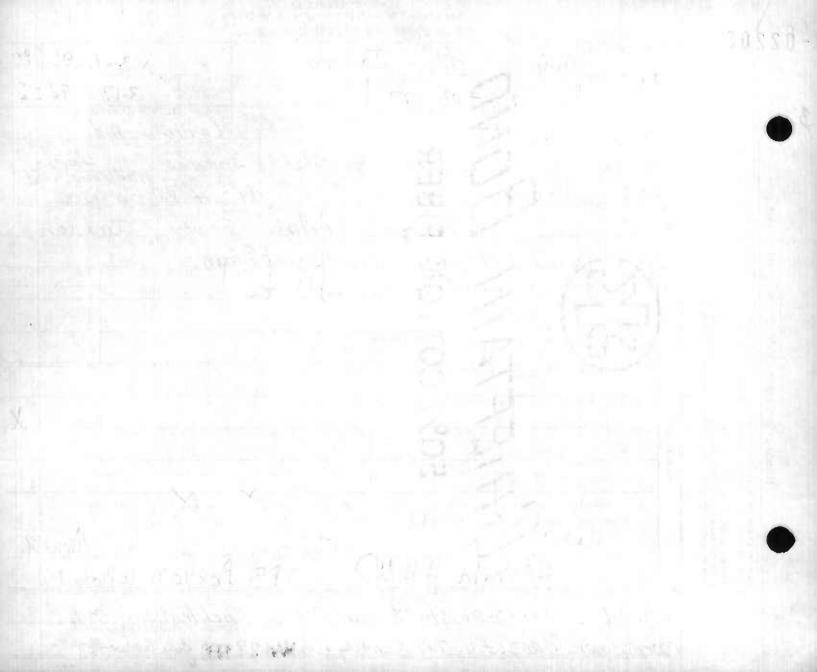
Transfer has been been A silverenness national business Erlies ones - fredraf , letter Primite - - -Market C. Committee of the Committee of

The state of the s

DHSQS T AND NO HALTHER SHITTERS OF SELECTION O and an analysis of the state of

Execute a good and the contract of the

						STA	TE OF MARY	/LAND		0 4	1 ()
	1		1-	FOR STATE		EPARTMENT OF				8 4	1 0
_	027	0.5	1 05	REGISTRAR CEASED NAME _ FIRST	WEL	MIDDLE	EK.2 CEKI	IFICATE OF	REO. IV		
	V 4. 1			PE OR PRINT)		1	Tackson		OF ESTI-	MONTH DAY	97 PM
		PLEASE ECTOR. FILES. HOURS	3 SE	XI II RACE	5. DATE OF BIRTH	A AGE /IN VE	ARS IF UNDER 1	YR. IF UNDER 2	DEATH MATED	X 3-16-10	YEAR 14 HOLLE
		STA STA	3 35	M	MONTH DAY	YEAR LAST BIRTHD	AY) MONTHS D		MIN PRONOUNCED	2-17	97 715
N		ESSARY, PEASE RAL DIRECTOR. R YOUR FILES. HIN 72 HOURS	7. B	IRTHPLACE (STATE OR	7-24-	08 77 YI	RS.		DEAD 9 BALTIMORE CITY	OP COUNTY OF DE	19 06 C + M
P		UNERAL UNERAL UNERAL FOR YOUR PERSON		DREIGN COUNTRY)	110	AT COURTRY?		NEVER MARRIE	1 1 1	n. I	AIN
/			10. C	AMES COUNTY MA.	II NAME OF HOSE	ITAL, NURSING HOME	WIDOWED L	DIVORCE	12a USUAL OCCUPATION ITY	PE OF WORK 12h KINI	MD. D OF BUSINESS
		> HOLEN	1	a plata med		ILITY, GIVE STREET ADDRESS)	1/200	:+1	FOR MOST OF WORKING LIFE)	ORI	INDUSTRY
		S TO L	USU	AL RESIDENCE (IF IN NURSING HOME OF	POUSCIPER INSTITUTION, GIVE	PAS //OM	. HO SI	mas	tarmer	naniam	ykm,
	2120	ANY DEL AND SETAIN P RETAIN P RECORDS	13a S	mad 136 COUNT	inles	13c CITY OR TOWN	4 Vec	HSIDE CITY LIMITS?	DI 22/6 DO	Bay 112	20660
	0.3	A S.S. A	14. F.	ATHER'S NAME	yues_	Vanjemo	Y	OTHER'S MAIDEN	NAME	113 × 113	10000
	. N	#- 18 0 EX	1) FIRST	MIDDLE	To LAST	1	FIRST	MIDDLE	Tock	son
	NO.	NO NO T	166.		NED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. IN	IFORMANT	ADDRES	S	307
	1	SOUTH AND A	l,	VES, NO OR UNKNOWN) I IF YES, GIVE W	VAR OR DATES)	218-14-3	075 M	Varnamot	Boun		
	-	S WIT O		A CAUSE OF DEATH (Enter only	y one couse per line t		70 17.		1	APPI	ROXIMATE INTERVAL
	12	OF REAL PROPERTY.		PART I DEATH WAS CAUSED	BY: E CAUSE (o)	Carana	NXA at	1(1)+	w/5.	BETWE	EN ONSET AND DEATH
	ESTONS	ZZKEZO				AS A CONSEQUENCE	OF		,		
	A.	BANK BE		Conditions, if ony, which gave rise to immediate	(b)	1000					
	*	SA MENO		cause (a) stating the under- lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF				
	20	MECUTE NG" IN AND N ATION			(c)						
	RDS			PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN IN PART	1 isa		
	DO		101	In DAYS OF OBSPACION	In an in						
	A. B	HIEF POLICE	CERTIFICATION	196. DATE OF OPERATION	196. CONDIT	ON FOR WHICH OPER	ATION WAS PE	RFORMED?		20 AU	JTOPSY?
	5	WOUNTER C	RTIE	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	Tale HOW IN	TILIBY OCCUPATO	LENTER NATURE OF INJURY IN ITEM 1		S NO
	90	STATE OF THE VACUE		UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	2 ICHOW III	JUNT OCCURRED	GENTER NATURE OF INJURY IN HEM II	3 PART I OR PART 2}	
	DIVISION		MEDICAL	CONTRIBUTING CAUSE OF D		FINJURY (ATHOME.	211 LOCATIO)N			
	N N	ARDED ARDED ARDED AGE 3 SA ATE DEP	A.	WHILE NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
		TH STA						7	X		
		MAZSE AS	150	22a. I certify that I took charge	287		Autopsy L	. Inspection		end in my opinion	
	-	AM REC REC REC REC		death resulted from: Natura	ol couses .	Accident L.J., Su		Homicide	Undetermined manner	_1	
		W SECON		ACTUAL TO A	/)		C	ME PECO		DATE	March 82
		SER SER		SIGNATURE 10000	1 100	1161	M.D.	- 24	MEDICAL EXAMINER	SIGNED 1	1
		MSH2WS		EXAMINER'S NAME (TYPE OR PRINT)	-11/1/10 Ve	N test N	ADDR	ESS 2 PM	1 DOX 1020	Callata	6M.
		524544 -	23a B	URIAL, CREMATION, REMOVAL 23	B DATE	23c. NAME OF CE	METERY OR CRE	MATORY	23d LOCATION	COUNTY	STATE
	07/B4	BP	3	curial 3	3-20-86	chelter	rham 1	Past. Cem	Chel Tenha	im ma	SIAIC
	25M	DHMH · 17	24. F	UNERAL DIRECTOR	ADDRESS	1	,	250. DATE RE	C'D. BY REGISTRAR 256 REG		
		(VR A15 ME (5))	m	ontgomen, BI	205.7.4	. 719-Ke.	nacky Si	MAR	27 1006 Allian	Luidson Adres	وعالم
			-				1				- 100



3 1 0 3
1 - O 3 / O 3
1 - DECEASED (TYPE OR PRINT)
3 . SEX

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

rGIENE 6

0841

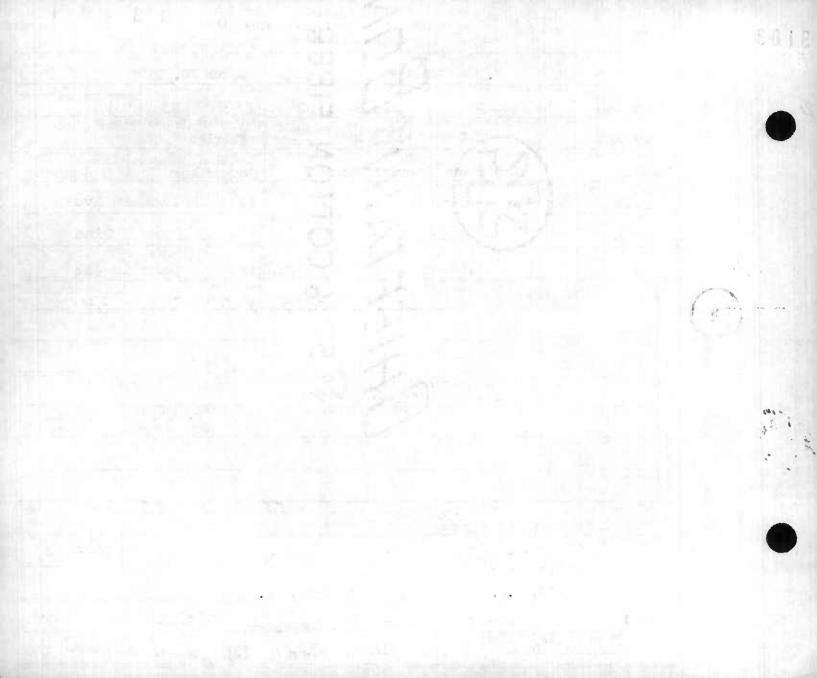
	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2		
3	I. DECEASED NAME FIRST	MIDDIE	t/	AST	20 DATE OF DEATH		YEAR	26 HOUR
	(TYPE OR PRINT) Edna	F. Je	nkins	in the same of	March 30	. 1986		8:00P
	3. SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Dec	9, 1902 YEAR		83 _{YRS.}	NIHS DAYS	HOURS MIN.
2	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY O		FDEATH	
1	Maryland	USA	WIDOWE	77	Charles			M
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS OF
A.	LaPlata	Physicians M		Hospital	Homemake		_	Home
7	USUAL RESIDENCE (IF NURSING HOW OR 138 STATE 138 OUN Maryland Pr	VIY 13(_CIJY OR T	TOWN	13d INSIDE CITY LIMITS?	139306 Che	ZIP CODE 1tenha	am Av	235 e
	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	NE MIDDLE		1.45	,
Pζ	John	Fren	ch	Kattie	Modit		Pin	е
7	(YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	.55	100	
-	NO	578-2	8-2998	Joseph Jenl	kins	Same a	as #1	3
1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b)	, ond	· 1. 1	0 1	0	BETWEEN C	MATE INTERVAL DISET AND DEATH
Ź		TE CAUSE (a)	(noy	uner Man &	growin	Marian.	he 20	us
Į.	THE PARTY OF THE P	DUE TO, OR AS A CONSE	EQUENCE OF				1	
	Conditions, if ony, which gave rise to immediate	(b)						
d	cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF					
		(c)			1			
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART To	1
4	190 DATE OF OPERATION	196 CONDITION FOR WH	ACH ODERATION	1 C VI POPULATION	20g AUTOPSY?	20b. IF YES, V	VEDE EINIDIN	ICE HEED
٢	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	, in condition on my	ACH OFERATION	VVAS FERI ORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
-	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	-	21c HOW INJURY OCCURRE	YES NOL	YES [hand	NO 🗌
ř	00.50	HOUR A.M. MONTH			TEMENTALIONE OF BODE	T WITCH TO TAKE	TOR FAREE	
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P.M.	19	21f LOCATION				
3	WHILE NOT WHILE D	(AT HOME STREET, FACTORY OFF	FICE FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
H	220.1 certify that (I) (this hospit	tal) attended the deceased fro	om	1 19 8.5	to ") -	30 19	86	that (1) (we) las
9	saw the deceased alive an	3760		d that in (my) (aur) apinian d	eath occurred an the do	ate and hour a		
	22b SIGNATURE	t view the body after death		DEGREE		7 5 5 1	22c DATE :	
d	1	18/1		ATTENDING PHYSICIAN IN	MEDICAL STAR	FIAN	3-3	11-86
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS		Second		
	Daniel Howell	, M.D.		Laplata, Md				
A	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION		Desail 1	(1.11
	Burial	4=4=86	Codar .	Will C	Sarti	and	PG	ЬM

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERALDIROPERT E Wilhelm
NAME Funeral Home

ADDRESuitland, McAR 8

BY REGISTRAR 258. REGISTRAR'S SIGNATUR

Ma



(VRA 15, 4)

District Control of the second control of th

becivist a law and his washing and all of a literary

Participation of the contract of the contract

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) Helen Irene XCO A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Charles County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e STREET ADDRESS / ZIP CODE 20659 McMillan PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART TIE IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY OCCURRED (ENTER NATURE OF PRICE OF THE PART I CREATED.) CITY OF TOWN COUNTY 19 26 and that in (my) (aur) apinion death occurred on the date and haur and from the couses stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STATE Cremation Green Mount Crematory Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Walter Brooks Bradley Inc. Balto., Md. 21222 ---- 1stoor- foodebl

STATE OF MARYLAND

Eller to to the Dunck Lastacy El E E A GOZELO AF The state of the s Fry Ballet 1 24th and 1 72 the same same traffic and 1947 Company

product of the state of the sta

	1	3 N 1965			ATE OF M.					
	11-	FOR STATE		DEPARTMENT O			YGIENE 6	0 8	4	4
072115		REGISTRAR	ME	DICAL EXAMI	NER'S CI	ERTIFICATE O	F DEATH REG	. NO.		
		CEASED NAME PETTEN	Rando	MIDDLE	eller	AST	20. DATE KNOW! OF ESTI- DEATH MATED	エンコ	DAY YEAR	26 HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ID, WITHIN 72 HOURS	3. SEX	1. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRTH	YEARS IF UND	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH	DAY YEAR	2d HOUR
YO YOU	70. BI	RTHPLACE (STATE OR	76. CITIZEN OF WI		8		9 BALTIMORE CI	TY OR COUNTY		TAM
S S S S S S S S S S S S S S S S S S S	FO	REIGN COUNTRY)				D NEVER MARRI	ED U	_		
IF ANY DELAY IS NE AND 3 TO THE FUN ETAIN PAGE 5 F BECKED BEFILED, W		RGINIA TY OR TOWN OF DEATH	U. S.	OF A.	WIDOWE		120 USUAL OCCUPATION		TY,	MD.
	1		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS	5)		FOR MOST OF WORKING LIFE)		OR INDUSTR	Y
2 8 8	LA	L PLATA AL RESIDENCE (IF IN NURSING HOME			OX 39	5 I-1	PRESIDENT-		AV.&LC	
338 C	130 S	TATE 13b. COUI	NTY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		:20646	
#8# <u></u>	-	RYLAND CHAR	LES	LA PLAT	A	YES NO	STAR ROUTE	5 BOX	395 I	1-1
WITH FORM PM 31	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		IS. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
2 2 0C	1	LOUIS	A	KELLE	R	ROSA	S		COX	
ON ON	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDI	ESS		
AG /ISIC			NOWN	229-14-	5757	VIRGINIA	K. SHANNON	I, SAME	AS #	13
16/		18 CAUSE OF DEATH (Enter o	nly ane cause per line	far (q) (b), and (c).)	1	Λ .			APPROXIMATE I	INTERVAL
PERMI GIENE, VAL.	-	PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	Respira	trad	Hspirat	nan	2	Mans	AND DEATH
A P P P P P P P P P P P P P P P P P P P	1	1/2		AS A CONSEQUENCE	Eqn.					
N N N N N N N N N N N N N N N N N N N		Canditians, if any, which		Jemenha	York	Lineanan				
EXAMINER IAL-TRANS O MENTAL H ON, OR REA		gave rise to immediate cause (a) stating the <u>under</u>		AS A CONSEQUENCE	E OF	111 2011510	7			
NA A X		lying cause last.	(-)							
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PAR	IT 1 (a)		-	
MEDICAL MEDICAL AS A BU EALTH AN CREMAT	Z									
CHIEF MED A LOSED A LO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	ION FOR WHICH OP	ERATION WA	S PERFORMED?			2D. AUTOPSY?	
S O &	1 8								YES 🗌	· · · Ar
- BE	ER	21a. EXTERNAL CAUSE WAS	21b. TIME OF		21c. HO	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2		NOE
TORWANDED TO THE CHE CTOR, PAGE 3 SHOULD BE US H THE STATE DEPARTMENT OF TAND, 21201 PRIOR TO BURNA	1 4	UNDERLYING OR		MONTH DAY YE	AR					
388	MEDICAL	214 INJURY OCCURRED		DE INJURY (AT HOME.	21f LOC	ATION				
500	ME	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)		REET	CITY OR TOWN	COUNT	Υ	STATE
ZI2		AT WORK AT WORK					A.E.			
H 2		22a. I certify that I taak char	ge of the remains des	cribed abave, held an	Autopsy	Inspection	Inquiry R.	and in my apinio	on	
#DIE		death resulted fram: Natu	ral causes	Accident, S	Suicide	Hamicide .	Undetermined manner].		
AR WELL	4	1) rake	1 1/8	1		TITLE (SPECIFY)			A. 10	07
F."		SIGNATURE TO W	CON		M. F	(Was 45 (8	MEDICAL EXAMINER	DATE	/ March	al
A A A A		EVALUACIONE ALLES A.A.		116	1.0	Cath	0 . 1	-01 1	1	4.7
2 E E		(TYPE OR PRINT)	1. Man	an. That	W)	DDRESS	1 box lozo 1	grata,	Mg 506	546
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST BALLMORE, MARYLAND, 2	23a.Bl	JRIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C			23d. LOCATION			
		REMOVAL	03/08/86	OAKEY	FUNER	AL HOME	ROANOKE	COUNTY N/	A VA	
IMH - 17		NERAL DIRECTOR				25a. DATER	EC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGN	NATURE	
A15 ME (5))	AF	EHART FUNERA	I HOME T	NC. TA D	T.ATA	MD MAK I	0 1986 june 1	evidoon-Man	reell	

A PROPERTY OF A POST X ... LESS MINISTER ... LESS AND LES

0-00920	1,	FOR STATE		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO	GIENE 8 6	G	8 -4	1 5
		REGISTRAR		MIDDLE	CEKTIFI	CATE OF DEATH	REG. NO		YEAR 2h	
e 6.5		E OR PRINT)	FIRST	WIDDLE	LA	51	20 DATE OF DEATH		20	HOUR p.
oge dear			Arthur		Korne		March 10,			1:34 M
4 mo	3. SE		4 RACE		5 DATE O	DAY YEAR	6 AGE IN YEARS LAST BIRT	MON		URS MIN.
oge oge		Male	Black		5	7th 1908		YRS		
deoth. P.		IRTHPLACE (STATE OR FOR COUNTRY)	US		WIDOWE	the text	BALTIMORE CITY OF Charl		DEATH	MD.
fed the fe	10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE	126 KIND OF BU	SINESS OR
300 g	4	La Plata	Physi	icians Men	norial	Hospital	Farm Han		Farmer	•
24 hou and an and an and an		at residence (if nursing STATE aryland	Charles	134 CITY OR TOW	E ADMISSION)	13d INSIDE CITY UMITS?	Rout 5 B	ZIP CODE C	2066 4 Wald	Orf N
d within	14. F	John	MIDDLE	Kornegaj		Roxie	MIDDLE		LAST	, OLL I
oute oute	160	WAS DECEASED EVER IN				17 INFORMANT	Lane	SS	negay	
× 5 7			(IF YES, GIVE WAR OR DATES)							
9 / F	-			1 455 28		Ronetta S	eymour 56	North	APPROXIMATE	INTERVAL
(報)			Enter only one cause po S CAUSED BY. AMEDIATE CAUSE (a)_	Chyo	ial	arrel-			BETWEEN ONSET	AND DEATH
£ 10 1			DUE TO,	OR AS A CONSEQU	ENCE OF	. M. D	. of.			
de de de		Conditions, if ony, v		95Ch	sem	(holos	accep			
by the by the ase		gave rise to imme- cause (a), stating underlying couse	the DUE TO	OR AS A CONSEQU		tean Disea	in			
signed to burious to burious.	NO NO	PART 2 OTHER SIGNIF	Revel to	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN	IN PART 110	
on. hos been to permit. ene prior	CERTIFICATION	190 DATE OF OPERATIO		DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS NG CAUSES OF I	USED DEATH?
HYSICIAN: T ding physici os certhicote buriol-transi Mental Hygi or item 18 sh	E. E.	21a ACCIDENT WAS UNDER	1100110	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
SICIA ng ph certif orial-t	SAL.	OR CONTRIBUTING CAL	DE OF DEATH	P.M.	19					
ING PHYSICIAN: contending physicians certification os the buriol-transit and Mental Hysicians orked or frem 18 s	MEDICAL	214 INJURY OCCURRED	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	IN	COUNTY	STATE
Or Or Or See of the or		22a certify that (I) (N	his herpital) attended	the deceased from_	TO	ly 19 7	7. to 3 -	10- 19	86 that	(I) (we) last
TTEN TOR For L		sow the deceased	alive an 3-1 (did nat) view the bod	19 9	56 one	that in (my) (our) opinion	death accurred an the da	te and haur ar	nd from the cous	es stoted
OR ATT OR ATT DIRECTO Sched fo Dept. of them 21		226. SIGNATURE	J I	ly oner deam.	D	EGREE			22c. DATE SIGN	VED
		1	shath		N	PHYSICIAN	MEDICAL STAF			
HOSPITAL ned by the FUNERAL Jid be det if the State ORTANT:	1	224 PHYSICIAN'S NAM	E (TYPE OR PRINT)		/	22e ADDRESS	_ OMECION ITTION			
T 2 2 4 0 //		Girija R	ath M D			In Diate	Md 20676			
5 5 5 4 W	23a	BURIAL BREWATIST RE		230	NAME OF CE	La Plata,	Md. 20646			
BP	T	SPECIFY DULTAL	2/1				CITY OR TOWN	and Ma-	YINUO	STATE
	24 F	Vash Natio	mar 1 3/1.	5/00	wasn	National 250 DA	TE REC'D. BY REGISTRAR	Sh REGISTRAL	ryland R'S SIGNATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)	Di	adley,S Fu	in Home 1	425 Ma A	ve NE		1		Bandas	10.

ner 2 seeidle

P. El ferral of analysis material for the 25 gr

saling of the state of the same of the same of the contract of the same of the contract of the same of

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 2a. DATE OF DEATH MONTH DECEASED NAME Blanche Marie 1986 [TYPE OR PRINT] March YEAR? 103 YRS BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Keningston, Md DIVORCED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House Wife JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STALL SADSOS LAthor Street 131 COUNTY 13d. INSIDE CITY LIMITS? Arlington 15. MOTHER'S MAIDEN NAME Charles Coupard Thompson Isabelle 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mechanicsvil Maryland 223 70 6619 No. Dorothy B. Lee-Rt 5 Box 381-A 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), on PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse o', stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 22a 1 certify the (1) this hospital) attended the deceased from saw the deceased olive on oboye in wildlight (did not) view and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial

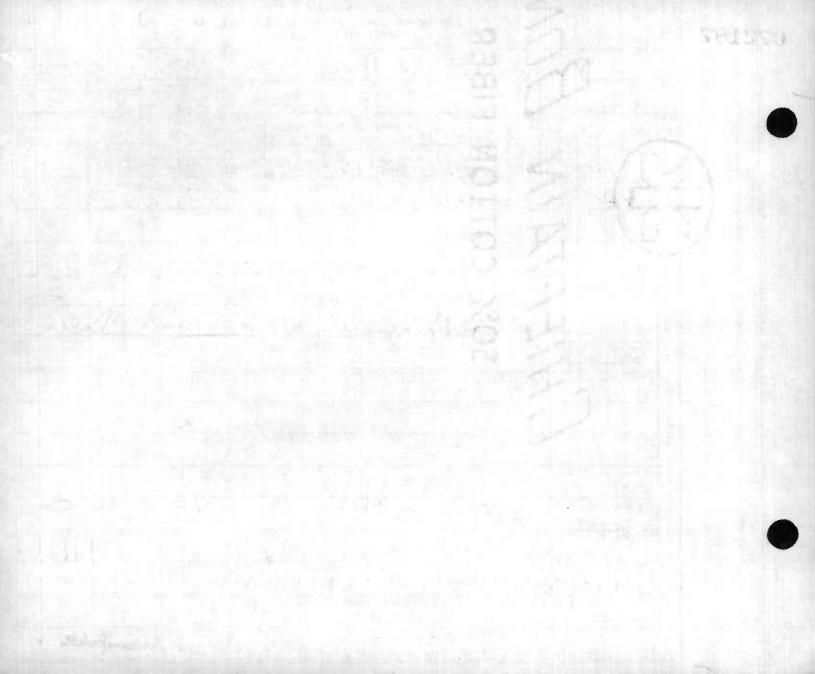
Cedar Hill Cemetery

DHMH - 16 60M 7/84

(VRA 15, 4)

3-6-86 24 FUNERAL DIRECTOR everly-Wheatley Funeral Home 1500 W Braddock Rd Alex. Va

Suitland Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S CIGNATURE



STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAN				REG. NO	<i>t</i> .		
I. DECEASED NAME FIRST	WIDDLE	LAS	91	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
Elsie	Elizab	eth Ma	dden	March 27		4500	6:00 PM
3 SEX	4 RACE	S. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
FEMALE	BLACK	MARC		85	YRS	DA13	MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
MARYLAND	UNITED STATE	S WIDOWED	DIVORCED [Cha	rles		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR		120 USUAL OCCUPATIO			F BUSINESS OR
La Plata	Physicians Men	orial H	ospital	NURSE	WORKING LIFE)	PRI	VATE
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MARYLAND CHA		OWN ICHIE	13d INSIDE CITY LIMITS?	ROUTE 6/2			
14 FATHER'S NAME UNKNOWN	MIDDLE LAST		UNKNOWN	AME MIDDLE		LAS	51
160 WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT	ADDRE:	⁵⁵ 1311	Gira	ard St.
(YES NO OR UNKNOWN) IF YES GI	A 578-01	-9663A	Veronica	M.Daniel		Wash	
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE PER CONDITIONS CONTRIBUTING TO	QUENCE OF 2DIOM DUENCE OF	YOPATHY W	AILURE with I with Arrhythi WASCULAR I MINAL DISEASE OR COND	nia. DISEASE	1 y	ny years
2 Ureters				Tan huxanchia	Tan 15 MES 1		
210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
00.000.000.000.00		DAY YEAR	21t. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	TIN ITEM 18 PART	I (OR PART 2)	
USE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WMILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		211 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
saw the deceased alive or above (1) (we) (did) (did no	itol) attended the deceased from Hack 27 19 19 19 19	86, ond	that in (my) (aur) apinian	, to March a death occurred on the da	2-7, 19 te and have a	ind from the	
arreleo C.	de la fac	M-D.	EGREE ATTENDING PHYSICIAN (MEDICAL STAF	E AN []	Hara Hara	
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				11190
Aurelio De	lapaz MkD		In Dinto	.Md 20646			
230 BURIAL, CREMATION, REMOVAL		R NAME OF CE	METERY OR CREMATORY				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detoche with the State Dep IMPORTANT: If he

BURIAL 24 FUNERAL DIRECTOR

THORNTON'S FUNERAL HOME

St.Catherine Ch.

POMONKEY, Md.

And LOCATION COUNTY STATE MCConchie, Charles, Md

250 DATE REC'D



0 0	-0:	231	0		FOR STATE REGISTRAR FIRST	DE	PARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N	0 0 0	
	e e	e ±			OR PRINT!		MCO	a n-1/1	20 DATE OF DEATH	MONIH DAT TEAR	2b HOUR
	oy b	poge r deat		3 SE:	CAtherin	14 RACE	MCC	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER I YEA	PM
B	.ge 4 m	rector, purs ofter			Female	white	O C		76	YRS.	
	eoth Po	nerol di in 72 ho	29	70 BI	RTHPLACE (STATE OR FOREIGN SOUNTRY) WYORK	76 CITIZEN OF WHAT COU	MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	MD.
10	s offer d	by the fu	12	10 0	TY OR TOWN OF DEATH		NURSING HOME SE STREET ADDRESS)	OR OTHER INSTITUTION	12ª USUAL OCCUPAT (ME OF WORK FOR MOST Machines		Braninn
AND 212	24 hour	filled in guld be f	36	130 S M	AL RESIDENCE (IF NURSING HOME OR STATE 13) COUNTY AND AND	OTHER INSTITUTION GIVE RESIDENT	RIONNOL i	H3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 917 Sh	/ ZIF CODE	1405 rest
MARYL	d withir	npletely ond 2 st	121	14. FA	THER'S NAME	MIDDLE L.	AST	15 MOTHER'S MAIDEN NA Mamie	McCarhty	,	LAST
BALTIMORE,	execute	Foges 1	()	160 V	VAS DECEASED EVER IN U.S. AR		L SECURITY NO. -14-233	Thomas Mc	ADDR Carthy-Sc	917 She	rwood For
	1	No species	c event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		(b), and ic	Dwith,	sepsie	117000	N OHOST AND DEATH
31 W. PRESTON ST	that the people	d by the mend some send op of cremotion o	or other traumat		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	rom	Lyng	Mey	tur fen	fund.
05, 2	the state of	tigne o but	jury, c	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	IG TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	NDITION GIVEN IN PART	1(0
AL RECORDS	No. of St.	hos been permit. I	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO
1 OF VIT	ICIAN, 1 9. physic	perficulta rightens perfol Hyg	Tem 18 v		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR PART 2)	
DIVISION OF	offending	her this is a second M. Amada M.	wedge	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	YINUO) NWC	STATE
۵	TTENDIN	TOR AF	21 is mo		sow the deceased olive on obove (hower (did) (did no	-101		nd that in (my) (our) opinion	, to	lote and hour and from th	that (we) lost ne couses stated
	At Off at	At DIRECTOR	T. If Bem		226. SIGNATURE	1 Awar	tun	DEGREE ATTENDING PHYSICIAN 5	MEDICAL STA	FF 71	26/3C
	HOSPIT Brost by	D FUNER modd ber	PORTAN		22d. PHYSICIAN'S NAME TOE O	WATZ	(2)	22e ADDRESS	ATA. C	nl 206	SKI.
	5.5	241	=		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION		
	BP		-	C	remation	3/27/86	Lee Cr	rematory	Clinto		Co., Md.
		4 - 16 60M			rehårt Funera	al Home.Inc	DRESS La Pl	ata Md	RESOLEY REGISTRAR	256. REGISTRARSISIONA	Perdell

0.0-1231 classed by analysis for a little of the same Labour and the same for the de Maria de la company de la c AND THE PROPERTY OF THE PARTY O . A . stall M. . Tor. . Tor. . Late. . A .

The late of the la N. S. W. W. S. W. S. MARKARIA TEN LO TENERO DE LA TENERO DE LA CONTRACTOR DE L

	1	FOR		D	EPARTMEN	STATE OF			GIENE		0 6	2	9 1	a	
069007_	11-	STATE REGISTRAR			ICAL EXA				DEATH	REG.	NO		all se		
12+1	1. DE	CEASED NAME E OR PRINT)	FIRST	.т.	MES		LAST			ATE KNOWN	XX MON	TH CAY		HOUR	
PLEAK FOTON HOURS JIMEET	3. SEX			ATE OF BIRTH	6. AG	E (IN YEARS IF L	IVEY	IF UNDER 2	4 HRS. 2t. [ATH MATED	MONT	3-2 19	YEAR 2	d. HOUR	
ARY, NL DIR YOUR STON S		ale Cau	casian		30 5	5 YRS.		Hours	9 84	OUNCED EAD LTIMORE CIT			86	10:3 a.m	
S NEGESSARY, PLE FUNERAL DIRECTOR E 5 FOR YOUR FILE D, WITHIN 72 HOU M. ARESTON STREE	W	ash., D.	c.	USA	A	WIDO	RIEDXX NE	DIVORCE		harles	Coun	ty,		MD	
AFRES	1	TY OR TOWN OF DEAT La Plata		Physic:	PITAL, NURSING CILITY, GIVE STREET AC LAN'S ME	emorial			FOR MOST OF	CCUPATION (F WORKING LIFE) CUTTE:		ORIN	of Busin Dustry Cery		
	13 ₁ S		tharle		136. CITY OR TO	NWC				odress atting	ngly Avenue 2064			,40	
ORE, M DEATH. AGES 1, RW PM TAND 2	J	ATHER'S NAME FIRST VAS DECEASED EVER II	Anna		MIDDLE Inear	ESS	Re	dmon	1						
BALTIM RS AFTER S. GIVE PA WITH FOUNTION	(4	es, no, or unknown)	Kore ar	A DATEST		8-696	3 Mar	-		ulvey		same		13	
TONST., I	100	18 CAUSE OF DEATH PART I DEATH WA	C CALICED BY	USE (a) Hy	far (a), (b), and (pertensions as A consequ	ve Car	diovaso	cular	Disease	e		APPRO BETWEE	OXIMATE INT N ONSET AN	TERVAL ND DEATH	
ITERETER OF MEMORY OR REM		Canditians, if ar gave rise to it cause (a) stating t lying cause last.	mmediate)	(b)	AS A CONSEQU	ENCE OF									
RECORDS, LD BE EXEC PENDING: MEDICAL D AS A BUR HEALTH ANI	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR		UT NOT RELATED TO	THE TERMINAL DISE	ASE DR CONDITIO	N GIVEN IN PART	1 (0),						
TE SHOULD WORD "PEI WORD "PEI WORD "PEI WORD "PEI WORD "PEI WORD "PEI WORD A BE USED A BENT OF HEA	CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDITI	ION FOR WHICH	OPERATION	WAS PERFOR	MED?				2B. AUT		√0 V X	
DIVISION OF VITAL RECORDS, TO SERVICATE SHOULD BE EXECUTE RITING THE WORD "PENDING". IN SPED TO THE CHIEF MEDICAL BE 3 SHOULD BE USED AS A BURN E DEPARTMENT OF HEALTH AND ME OF RECORD TO THE CHIEF AND ME OF RECORD TO BURNAL, CREMATION.		210 EXTERNAL CAUSE UNDERLYING OCONTRIBUTING C	R AUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19							IBPART I OR				
DIVISI E, WRITING E, WRITING WARDED PAGE 3 SI STATE DEPA 21201 PR	MEDICAL	21d INJURY OCCURRE WHILE NOT W AT WORK AT WO		21e PLACE O STREET, FACTO	F INJURY (ATH DRY, FARM, ETC.)	OME, 211. L	OCATION STREET		CITY	OR TOWN		COUNTY		STATE	
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SISTEM OF THE	200	220. I certify that I to death resulted from ACTUAL SIGNATURE	Natural ca	NOW.	Accident ,	Suicide [Hamic	Inspection. Cide , PECIFY) LStant	Undetermine		and in my], DAT SIG		-3-86	5	
TO MEDIC EXECUTE I PAGE 4 SH TO FUNER PATER DEA	1	EXAMINER'S NAME (TYPE OR PRINT)		s F. Smy			_ADDRESS_			., Balt	O., 1	Md. 2	1201		
07/84 BP		URIAL, CREMATION, RE. PECIFYI Burial		5/86		OF CEMETERY ITTECT	ion C	em.	23d LOCATION CITY OR TOW Clin	ton.	Pr.	Geo.,	MD STATE		
DHMH - 17 (VR A15 ME (5))	133	INERAL DIRECTOR NAME NTT FUNER	RAL HON	ADDRESS INC	C. WAI	DORF.	MD	250. DATE RE	P. BY REGU	25b. RE	GISTRAP	s fichatur	- In-Ca		

A SECTION OF THE SECT tensor transfer to the tensor 45 and and another the contract of the design The sales of Sales ALOUE TREATMENT OF THE PARTY OF THE

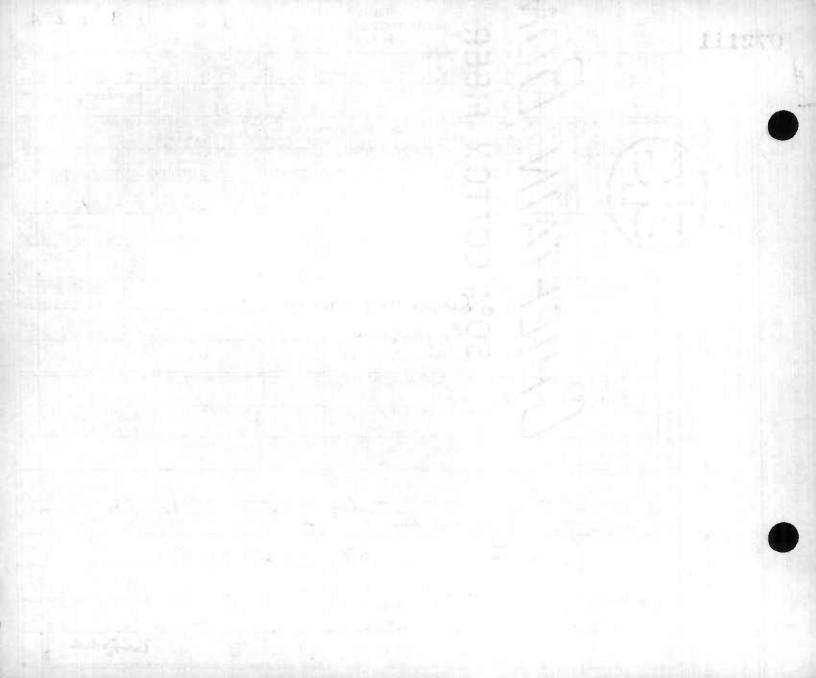
	1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	ITAL HYGI	IENE 8	6 REG. NO	0	8 4	1 2	
	1. DEC	CEASED NAME FIRST		WIDDLE	LA	51		2a DATE OF		MONTH	DAY YEAR	26 HOUR	Ra
	LIAME	EDWA]	RD	Α.	MUSC	HETTE			3	1	1986	111:	
	3 SE)		4. RACE		5. DATE OF	BIRTH		6 AGE IN YE	ARS LAST BIRT	HDAY	MONTHS DAYS	IF UNDER 2	24 HRS MIN.
		MALE	BLA	CK	MONTH 4	7 1	9 2 4	61		YRS	MONIAS DATS	HOURS	MIN.
المسارع		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B	□ NEVER MAR	RIED KI	9 BALTIMO	RE CITY O	COUNT	Y OF DEATH		
)		ARYLAND	UNITE	D STATE			CED 🔲		CHARI	ES			MD.
2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INSTITU	TION	120 USUAL C				OF BUSINES	SSOR
<		PLATA	PHYSIC	CIANS ME	EMORIA	L HOSP	ITAL	CONS				VATE	
5	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY TO THE CH		136. CITY OR TOV	NN I	13d INSIDE CITY I	LIMITS?	13e.STREET A			Road	/2064	10
	14 FA	THER'S NAME				15 MOTHER'S MA	AIDEN NAM		35.70				10
0	(GEORGE	MIDDLE	MUSCHET'	TE Sr	. MARY		EL	IZAB	ЕТН		SHORT	PER
1		VAS DECEASED EVER IN U.S. A				17 INFORMANT	1		ADDRE		17 Woo		
/	(1		3-1946	219-12	-2885	Lawren	ce D	. Mus	chet		ndian	Head	bM,E
		PART I. DEATH WAS CAUS MMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, (b)_	Propi	JENCE OF	e.	of				BETWEEN	XIMATE INTER LONSET AND I	DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT Chamic 190 DATE OF OPERATION	conditions c		DEATH BUT N			20a AUTO	PSY?	20b. IF YE	ES, WERE FINDI	INGS USED S OF DEATI	H?
_	ERT	210 ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c HOW INJUR	Y OCCUPPI	YES	NO .		ES	NO [
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.m. month [DAY YEAR 19		- OCCORN	Co (Eultrian)	0xt 0/ 114/0x	T IN TIEM TO	786. 1047 347 17		
	MED	WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE	FARM ETC	21f LOCATION STREET			CITY OR TOV	VN	COUNTY	51	TATE
		22a I certify that (I) (this has saw the deceased alive a above (I) (me) (did) (did a 22b. SIGNATURE	3	10		that in (my) (au	9 78 Opinion d	, to	d an the da	te and ho			
		200. SIGNATURE	meth		1/3	ATTE	NDING SICIAN	MEDICAL DIRECTOR [STAF	F IAN 🗌	22c. DATE	SIGNED	
T		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS							
		GIRIJA RAT	H	M.D.		WALI	OORF,	MD,					
	23a B	URIAL, CREMATION, REMOVA	L 236. DATE	23€.	NAME OF CE	METERY OR CREA	MATORY	23d LOCA	TION		COUNTY	SI	TATE
		BURIAL	MARCE	5,86 N	1d. Vet	erans	Cem.	CHEI	TEN		P.G	Мд	
14		INERAL DIRECTOR HORNTON'S FUI	TED AT			1.0	250. DATE	REC'D BY RE	GISTRAR	Sh REGIS	TRAR FIGNA	ALDE .	
	T.	IOTA C MOTATOR	NEKAL E	TOME: F	ZOMONK	HY MICH	1000	- IVVV	1	2 0			

POMONKEY, Md.

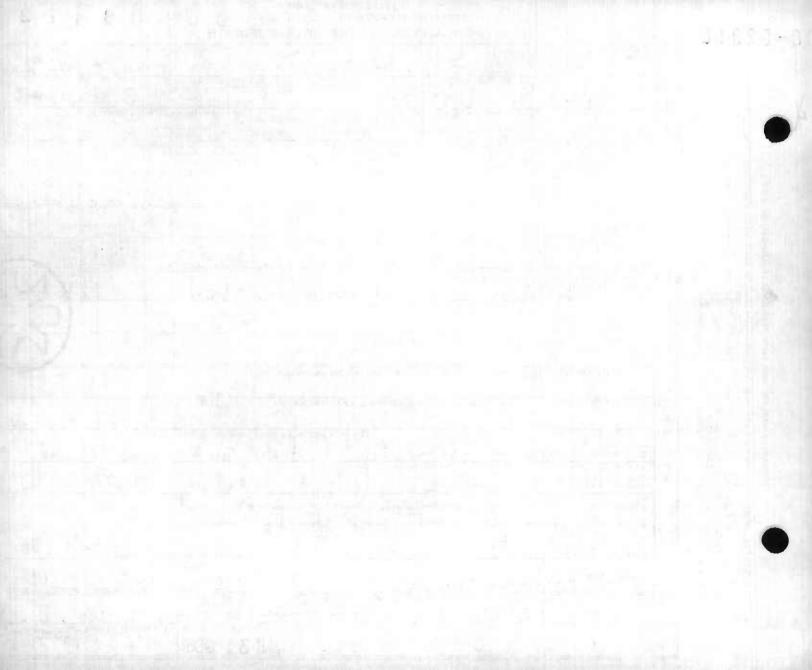
DHMH - 16 60M 7/84 (VRA 15, 4)

THORNTON'S FUNERAL HOME

BP.



			FOR			DEBART	AENIT OF	UE ALTH	ANDA	ENTAL HYC	nienie) (0 5	2	9 9
0 0	0010		STATE		AAE						0 0		0 6) "1	line lines
0 - 0	2310		REGISTRAR	FIRST	ME		EXAMIN	EK 2 C	EKIIFI	CATE OF		REG. N			
	S. S. S. F.		CEASED NAME E OR PRINT))جدم		MIDDLE	N	but	Can, C	JR	OF	ESTI- MATED	MONIH	ZA 198	36 TENM
	PLEASE ECTOR. FILES. HOURS	3 SE	4. RAC	Œ	5 DATE OF BIRTH	YEAR	& AGE (IN YE.			IF UNDER 24			MONTH	DAY Y	EAR 2d HOUR
11	S (X - v)		V Br	Ack	9 11	63	22 Y		DAYS	HOURS MI	PRONOUI DE AL		3 .	24 198	6 4 PMM
1	AL AL	70 B	RTHPLACE (STATE OR		76. CITIZEN OF W		-			VER MARRIED	X 9 BALTIA	ORE CITY	OR COUN	TY OF DEATH	H
	NECESSARY, FUNERAL DIR 5 FOR YOU 5, WITHIN 72 W. PRESTON		RYLAND		UNITED	STAT	FC	WIDOW		DIVORCED		ARLES	-		
	PAGE 5.		TY OR TOWN OF DE	ATH	11. NAME OF HO						USUAL OCCU			12b KIND OF	
	P F E B F E	TA	חד א תוא		(IF NOT IN SUCH F			TAT	TIOCD		FOR MOST OF WO	RKING LIFE)		OR IND	
	N N N N N N N N N N N N N N N N N N N		AL RESIDENCE HEIN N	IRSING HOME OF	PHYSICI				HUSP	TTAL	LABORI	<u>s</u> R		PRIV	
201	Z S Z Z Z	130 S	TATE	136 COUNT	Υ	13c. CITY	ORTOWN		134 INSIDE C		e STREET ADDR		/_	20646	
0.21	A A A SHA		RYLAND	CHA	RLES	LA	PLAT	A	YES 🗌			STREE	ST/P.	O.Box	. 66
W	H-XOK SI	7. 17	ATHER'S NAME		MIDDLE		LAST		F	ER'S MAIDEN I	NAME	MIDDLE		LAST	
A S	TO SA SES		OSCAR		EWIN		WTON,		JOA					OHNSON	
¥	PAR PAR	16a, V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	JIF YES, GIVE V	VAR OR DATES)		IAL SECURIT		17. INFORA			ADDRES	P. C	Box	
BALTIMORE,	ES AFTER DEATH. IF ANY DELA GIVE PAGES 1, 2, AND 3 TO ITH FORM PM 3, RETAIN P. PAGES (TAND 2 SHOULD BE DIVISION OF WAR RECORDS.	N	0	N/A		213	-94-5	034	OSCA	R L.NI	EWTON, S	SR.	LaF	Plata,	
4	2010		18 CAUSE OF DEA PART I DEATH V	TH (Enter and	y ane cause per lin	e far (a), (b)), and (c).)		1	1 4	1			BETWEEN C	MAJE INTERVAL
X.	ENERGY		TARTIBEATITY		E CAUSE (a)	61	m sha	CU	bus	1071	e hoar			insta	* Tarcar?
Sto	Z TO LES				DUE TO, OI	RASACON	ISEQUENCE	OF.							
- N	三三日		Canditians, if		(b)										
3	NAME AND		cause (a) stating		DUE TO, OF	RASACON	SEQUENCE	OF							120
8	PARANO		Jimg court ion		(c)										
DIVISION OF VITAL RECORDS	D BE EXECU- ENDING III MEDICAL E AS A BURE SALTH AND CREWATIO		PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PART 1	(6).				
8	"PENDIN FF MEDIC SED AS A HEALTH	CERTIFICATION													
Z Z	CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED A E CEPARTMENT OF HE DI PRIOR TO BURIAL, C	2	190 DATE OF OPER	ATION	196. COND	TION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?				20 AUTO	PSY?
1	WORD "F WORD "F IE CHIEF BE USED ENT OF HI	E												YES (NO NO
9	ATE WEN BENEFIT		216 EXTERNAL CAU		21b. TIME O		DAY YEAR	21c. HC	NINJURY	OCCURRED (ENTER NATURE OF IN	DURY IN ITEM I	18 PART I OR PA	ART 2)	1
NO	CERTIFICATE WITHOUT THE WOED TO THE WOED TO THE CAST SHOULD BE PROPERTINENT OF THE CAST SHOULD BE WOUND TO BE WOUN	MEDICAL	UNDERLYING A	CAUSE OF D	EATH P.A	1. 24 M	Wey 199	P 26	11 /15	Hidel	gun sh	it w	and	tolo	ad
N S	RITING REDED REDED GE 3 SE TE DEP	9	WHILE NOT		21e PLACE STREER FAC	OF INJURY			CATION		CITY OR TO	WN		DUNTY	A STATE
۵	I: THIS CI R. WRITI RWARDE PAGE 3 STATE D STATE D	1		WHILE DE		ane		109	ge St		la flato		Charl		MJ
	ME TI		22a I certify that	I taak charae	e af the remains de	scribed aba	ve. held an	Autaps	, n	Inspection	Inquiry	KI,	and in my a	ninin	
	A SHA		death resulted fram		al causes .	Accident	-	icide X	Hamio		Undetermined m			P.1.1.0.1	
	EXAA CERTI JID B DIRE WARY		11.	. 14						PECIFY)				1	
	##01±, ₩0000		ACTUAL SIGNATURE	WAL	P			AA	- P	les Co	MEDICAL EXAM	AINIED	DATE	24 M	1996
	AEDICAL CUTE THI SE 4 SHO FUNERA ER DEATH				1	1.0			D	1.0	MEDICALEXAN	Allver	SIGN	1	
			(TYPE OR PRINT)	HNI	rahan t	1967	W		ADDRESS 2	ETT BO	1x 020	(al)a	ta, l	NJ 20	616
	DAY DAY		URIAL, CREMATION,	REMOVAL 23			NAME OF CEA	AETERY O	RCREMATO	ORY 2	13d LOCATION		COL	JNTY	STATE
07/84	BP		BURIA	L	3/27/86	Sa	cred	Hear	t Ch	urch	La Pla	ita,	Char	cles ,	Md.
25M	DHMH - 17		UNERAL DIRECTOR		ADDRES	S				_	D. BY REGISTRA		GISTRAR'S	SIGNATURE	400
	(VR A15 ME (5))	TH	ORNTON'S	FUNE	RAL HOM	IE P	OMONK	EY, M	D.	MAR	3 1 1986)		may my forego	à
												_			



			-									MARYLAN								* 79
				1 - STATE					DEPART	MENT O	HEALTH	IM DNA	ENTALH	YGIEN	6		0	8 4	1 2	5
nn-	. 1	231.7		REGISTRA	2			ME	DICAL	EXAMI	NER'S	CERTIFIC	CATEO	F DEA	TH	REG. N	NO.			
0 0	U	201		. DECEASED N.	OME	FIR PORP	RIED		A IDDLE Q	OLAN	0	LAST	TAR	KER	O DATE		MON	NTH DAY	YEAR	26 HOUR
		E SS SS E		(TIPE OR PRINT)	tec	arle	K	da	19		K	wie	5 100	71-	OF DEATH	MATED >	E 03	26	186	153
		PLEASE ECTOR. FILES. HOURS		SEX	4 RAC	Œ	S. DATE C			6 AGE (IN		NDER 1 YR.	IF UNDER	24 HRS. 2	c DATE		MON	TH DAY		2d HOUR
		Z S Z S Z S Z S Z S Z S Z S Z S Z S Z S		14	(-	2	MONTH	20	35	LAST BIRTH	1110111	HS DAYS	HOURS	MIN. F	PRONOUN	CED	3	26	,56	75
1		A NO NO	2	BIRTHPLACE	(STATE OR		7b CITIZI	EN OF WI		100	YRS.			-	9 BALTIMO	ORE CITY	08.00	UNITY OF		W
4		NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS. W PRESTON STREET,	54	FOREIGN COUNT	RYI							IED X NEV		ED 📙			~~~	01111 01	DEATH	
		A DO S	4	MARYLA		ATLI	UNI		STAI		WIDOV		DIVORCI		CHAR			1101 1	N 20 OL 81	MD.
		Y IS	2	D. CITY OR TOV	VIN OF DE	AIH			CILITY, GIVE	STREET ADDRESS)	IER INSTITUT		FOR M	AL OCCUP	(ING LIFE)	YPE OF WO	- 0	IND OF BU R INDUSTI	RY
		304	0	LA PLA				SICI				HOSP:	ITAL	LA	BORE	R		PF	RIVAT	ľE
	10	SEE 23	21	UAL RESIDEN 30 STATE	CE (IF IN NI	113b. COUNT		THUTION, GI		OR TOWN		T3d. INSIDE CI	TY LIMITS?	lise STRE	ET ADDRES	SS		-	7 60	-11
	212	女芸和立路	2 100	MARYLA	ND	CHAR				FRET		YES 🗌	NO 🛚	WAR	REN	ĎRIV	Æ	0	-08	54
	AD.	TON NA	00	4 FATHER'S N	ME							15. MOTHE	R'S MAIDE	NNAME						/
	E, 3	F 5 5 5 5	10	JAMES			MIDDLE		PARK	ER		MAR	Y		MI	DDLE			DYS	SON
	NO	84920		60 WAS DECE	SED EVER	IN U.S. ARA	MED FORC	ES?		CIAL SECUR	ITY NO.	17. INFORM				ADDRES	ss 12	605-	Liv:	ina-
	118	E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	/	(YES, NO, OR UN	KNOWN)	(IF YES, GIVE V	VAR OR DATE	ES1	577	-44-	7410	Flo	ise 1	Pick	eral		ST		shine	
	ž	SP PER P	-	NO III CAUS	E OE DE A			P	_		7 1 1 0	T DIO.	100	TOIL	01 41		1 0		APPROXIMATE	
	ti	OH ON WHI		PART	DEATH	TH (Enter and VAS CAUSED	BY:	se per line	1 90	No.	di hac	. (090					BET	WEEN ONSE	AND DEATH
	8	対策の選出る		100		IMMEDIAT				, ,	on long		0.0			_			ras	3
	\$	ZE Z JES		Cond	itians if	any, which	DU	IE TO, OR	AS A CO	NSEQUENCE	: OF									
	2/	A HE		gave	rise ta	immediate	<	(b)					1							
	×	EXAM EXAM EXAM EXAM O MEN			(a) stating	g the <u>under</u> .	DU	E TO, OR	AS A CO	NSEQUENCE	OF									
	20	S A S A S A S A S A S A S A S A S A S A		7.0			((c)												
	DIVISION OF VITAL RECORDS.	"FENDING" IN PE FEMEDICAL EXAMINATION OF SED AS A BURIAL-TR HEALTH AND MENTS		PART 2 OTH	R SIGNIFICAL	NT CONDITIONS (CONTRIBUTIN	G TO DEATH	BUT NOT REL	ATEO TO THE TE	RMINAL OISEAS	E OR CONDITION	GIVEN IN PAI	RT I to I					-	
	0	SA A SE		NO NO																
	LRE	HE HE	10	19a DATE	OF OPER	ATION	191	. CONDIT	TION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20	AUTOPSY?	
	ITA	インエンクを	contract	E															YES 🗌	NOT
	F V	# N H N N N N N N N N N N N N N N N N N		210 EXTE	NAL CAU	SEWAS		TIME OF		1867	21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	JRY IN ITEM 1	IB PART 1 O	OR PART 2)	113	Wat -
	N	A H L L				OR CAUSE OF D				DAY YEA	AR									
	SIO	ERTIFIC ING THE ED TO 3 SHOU BEFART	1	CONTRIB 21d. INJUI WHILE				P.M e PLACE (19	21f. LO	CATION								
	> >	REPED SEPTING		WHILE AT WORK	□ NOT	WHILE		STREET, FACT	ORY, FARM,	TC.)		STREET			CITY OR TOW	/N		COUNTY		STATE
	7	TSAMA	4	AT WOR	ATV	/ORK								~						
		FORWA PORWA FORWA OR: PAC HE STAT		22a lo	ertify that	I taak charge	e of the re	moms des	cribed ab	ove, held an	Autap	sy .	Inspection	X	Inquiry		and in m	y apinion		
		MIN HELL	5	death re	ulted fran	n: Natur	al cayses		Accident	☐, s	uicide	, Hamic	ide .	Undete	rmined mai	nner 🔲	,			
		CERTIFICACE DIRECT WITH WARYLV	5	9 0 2	1	111	10		U U	III		TITLE (S	PECIFY)					-1	2/18	7
		A POPE		ACTUAL	RE	M	KYNK	31	TOT	M)		Ups	185	MEDIC	CALEXAM	INFP	DA		46101	
		NEW STATE				110.	1. (.		11 6	110			-41	B	100	1.0	1	T. F	2001	1
		MS 2 8 5 8 5	1	EXAMINE (TYPE OR	R'S NAME	411	Juan	101.	thur	MU		ADDRESS	821	POX	1050	Lan	ata	MA	- Clts	76
		TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. AAFTER DEATH, WITH THE ST. AAFTER DEATH, WITH THE ST.	5	30 BURIAL, CRE	MATION,	REMOVAL 2	3b DATE		230	NAME OF C	EMETERY C	R CREMATO	RY	23d. LOC	CATION					
0	7/B4			BURI				9/86				el Ch		CITYO	sgah	, Ch	nari	les,	Md st	ATE
	5M	BP		24 FUNERAL DI			0,2						So. DATE R		REGISTRAR				Brokes	- 1
		DHMH - 17 (VR A15 ME (5)	,,	MAME NAME	ONTIC	* TOTTAT!	EDAT	ADDRESS		NAC NTE	TOW NAT		MAR	31	1986	1 20		tre dies		•
		(AU VID IAIR (2)	17	THORNI	OM ?) LON	CKAL	HOL	IE P	JMONK	EI, MI	0.	1411 -1 0	-						

11685-11

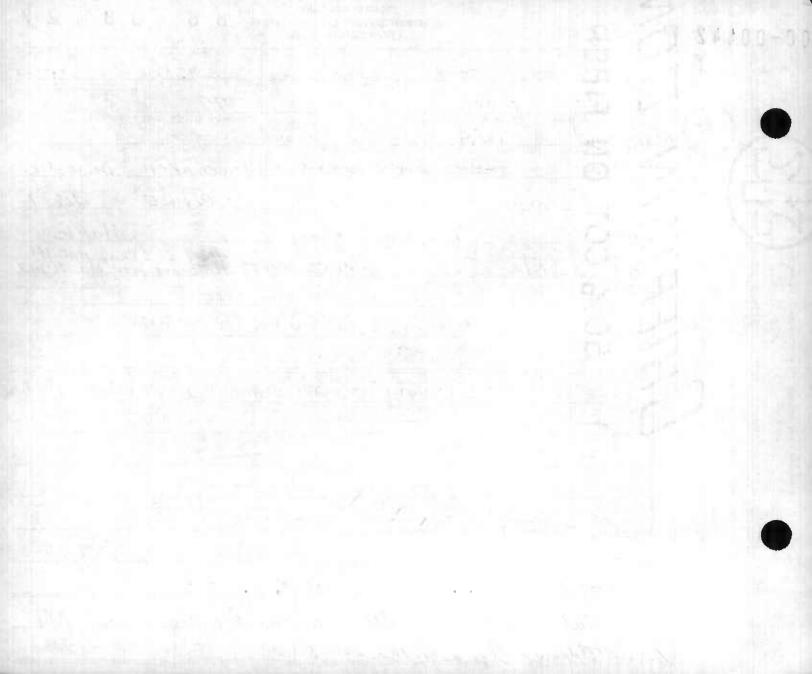
00-0	2325	1-	FOR STATE REGISTRAN		MED		HEALTH	AND MENTAL H		REG. NO.	8	4	2
W 0	4 3 6 3		EASED NAME	POSED	OSEPH	MIDDLE WALTE	Roke	PICKER	OF	E KNOWN DESTI-	MONTH DAY	1 ,96	74 M
PK, PLEA	DISPLACED OUR STREET). SEX	M	IACE W	5. DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR IF UNDER		UNCED	3-19	36	2d HOUR 25 A
NECESSA NECESSA	CONFIERAL CINERAL		MD	Of	76. CITIZEN OF WH.	AT COUNTRY?	MARRIE WIDOW	ED NEVER MARRI	ED X	IMORE CITY OR HARLES	COUNT		MD
BAY 15	PAGE P	L	A PLATA		PHYSICIA	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) NS MEMOR		HOSPITAL	FOR MOST OF V	CUTTER		COCER	Y9
. 21201 IF ANY D		Da. S	RESIDENCE (# 1	THE COUNT		WALDORF	ION)		P. O.	Box 642	2 / 20	0601	
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY	3/01) 1	LUTHER /AS DECEASED E	VED IN 11 C ADA	MIDDLE	PICKERA 166, SOCIAL SECURI		15 MOTHER'S MAIDE LILLIAN 17. INFORMANT	1	ADDRESS	PIC	LAST KERAL	
BALTIM	GINE PA	(Y)	NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	217-42-		Joseph N	l3 Michael		ral s	Same APPROXIMATE	as 1
TON ST	TEM 18 LONG W PERMIT GIENE, D		PARTIDEAT	H WAS CAUSED	TE CAUSE (a)	DRUG I		TION			BE	ETWEEN ONSET	AND DEATH
201 W. PRESTON UTED WITHIN 24 H	IN PENCI, IN EXAMINER A EXAMINER A BAL-TRANSIT D MENTAL HY ON, OR REMC		gave rise	if any, which to immediate iting the <u>under-</u> ast.	(b)	AS A CONSEQUENCE							V
RECORDS,	ENDING MEDICAL AS A BUS AUTH AN	NOI	PART 2 DINER SIGNII	ICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 Iou				
ATTAL RE	STATE OF THE PARTY	CERTIFICATION	19a. DATE OF OF			ON FOR WHICH OPE	RATION W	AS PERFORMED?			29	AUTOPSY?	NOA
DIVISION OF VITAL	ARTWEN ARTWEN	MEDICAL CER	210. EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P.M.	MONTH DAY YEA	AR .	OW INJURY OCCURRE	D (ENTER NATURE O	INJURY IN ITEM 18 PAI	RT 1 OR PART 2)		
DIVIS	WRITIN VARDED VAGE 3 SI TATE DEP	WED	21d. INJURY OCC WHILE AT WORK	OT WHILE T		FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	слу он	TOWN	COUNTY		STATE
XAMINER	ERTIFICATE, ID BE FORW DIRECTOR: WITH THE S WRYLAND,	I G	death resulted			ribed above, held an Accident , S	Autaps uicide X	y , Inspection, Hamicide ,	n , Inqui		in my apınıan	boh	,
MEDICAL I	FUNEAL FUNEAL FUNEAL FREATH,	-	ACTUAL SIGNATURE EXAMINER'S NA ITYPE OR PRINT)	WE HW	Mahan	Host 1	~	DUNIES SIZE	MEDICAL EX	AMINER 1000 CO	DATE SIGNED Plate	M	6
07/84 E	35 5 5 5 E	23a, B	JRIAL, CREMATIO		3h. DATE 4/2/86	St. Pe	metery of	CREMATORY S Cemeter	23d LOCATION CV Wald		Char!	les M	ľĎ
	DHMH - 17 (R A15 ME (5))		NTT FUN		IOME, "INC	C., WALDO	RF,		REC'D. BY REGIST R 0 2 198		RAR'S SIGNA	Andell Pandell	L-

STATE OF MARYLAND

TOTAL A TOTAL AND THE STATE OF (2) de Punit) Trobled tractored s'under 193 1944 POWER THURSDAY HOLD, THE STREET, IN AREA O'S THOUGHT THOU

Tale Capemainn (10/10/07 10/10/19 Tariffe To Append on a second of the second Chemica (Malu : x 2000 ad orocd Pl. /20801 Will Errelabili Valverdina L. Veed Bame as QI

Burtil Halter Standard Haller Standard Halters, Martier, 19



Huntt Funeral Home, Waldorf.

Allin Davidson

DHMH - 16 60M 7/B4

(VRA 15, 4)

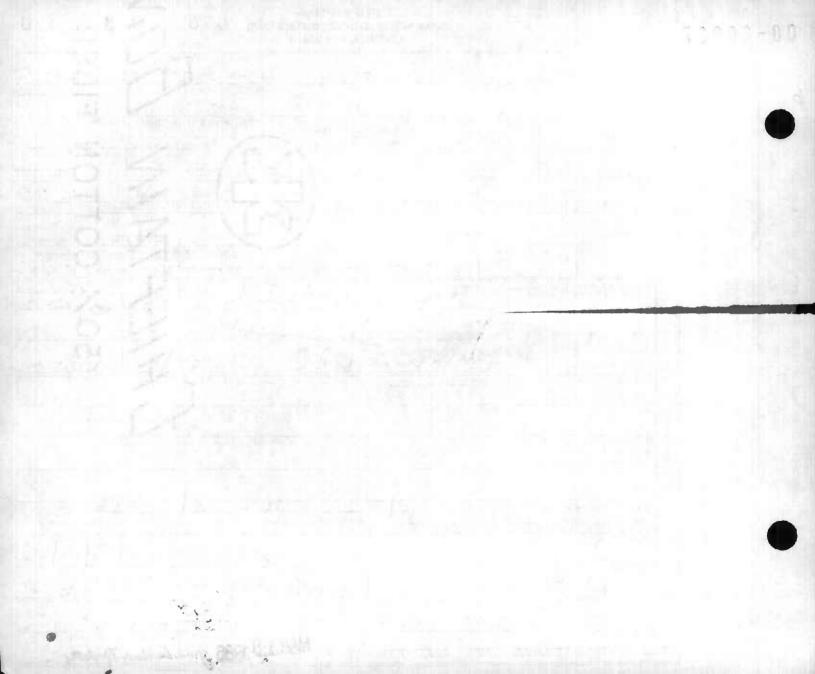
Towner Horence Hickard Michael Michael Committee and Inches and In

average of the control of the contro

Sungs Superal Home, Maldoni, 111 ... in 120 ... Specification of the contract of the contract

							STATE OF	MARYLAND					
		11-	FOR STATE			DEPARTMEN	IT OF HEALT	H AND MENTA	LHYGIENE	Ö	0 8	6	29
] [] -	03141	1	REGISTRAR		ME	DICAL EXA	AMINER'S	CERTIFICATE	OF DEATH	REG	6. NO.		
	00171		CEASED NAME	FIRST	ARL (LEE	01	LAST PODGE	RS,JR 20	DATE KNOWN	HINOM D	DAY YEA	
	% ~ × × × ×	1114	PE OR PRINT)	ast	ALL		Kodo	Erzongei	12,01	DEATH MATED	R 37	100 1091	6 600 1
	RECEIPE	3. SE	X T4	RACE	S DATE OF BIRTH	6 A	GE (IN YEARS IF I	NDER 1 YR. TIF UND		DATE	HINOM	DAY YE	AR 24 HOUR
10	REC JR J 2 H 2 ST		11	11	MONTH DAY	- 55 H	ST BIRTHDAY) MON			DNOUNCED	3 3	0 10 6	130
1	TOTO	1	IRTHPLACE (STATE		The CITY TEN OF W		S YRS.		0.0	BALTIMORE CIT	TV OR COUR		
	TESS		OREIGN COUNTRY)	OR	76. CITIZEN OF W	HAI COUNTRY?	8. MAR	RIED NEVER MA	RRIED .	ALTIMORE CIT	- OK COUN	IT OF DEATH	
	NA NA NA		ASH. D.		U. S.	OF A.	WIDO		RCED 1	CHARLE	S COUN		MD
	SHE SHE	110 C	ITY OR TOWN OF	DEATH		SPITAL, NURSING		THER INSTITUTION	120. USUAL	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR INDU	
	1. IF ANY DELAY IS NECESSARY, PLASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W. PRESTON STREET,	L	A PLATA		PHYSICI		MORIAL	HOSPITAL					BODY
-	NO N				R OTHER INSTITUTION,	TIVE RESIDENCE BEFOR	E ADMISSION)					1	5051
120	A SECOND		ARYLAND	CHAR		WALD		YES NO	13e STREET	4 BOX	37 W	2060	11
0.7	F.S. 7.		ATHER'S NAME	TCIIAI	1111	I WYDD	JICE	IS. MOTHER'S MA		4 DOX	37 77	2000	/ 1
\$	H-88	1	FIRST		MIDDLE	LAST		FIRST		MIDDLE		LAST	
ORE	B 8 € 8 -		CARL WAS DECEASED E		LEE		ERS, SR.	MARGA 17 INFORMANT	ARET	Α.	25.56	FINLE	
8	E 2000	160	YES, NO, OR UNKNOWN		WAR OR DATES)						RESS RT.		
-	100 A 60 100 1		NO			220-63	2-7720	CARL L	RODGE	ERS, WAI	LDORF	,MD.20	1601
T	Do 3 To		18 CAUSE OF D	EATH (Enter onl	ly one couse per lin	e for (a), (b), and						APPROXIM	MATE INTERVAL
6	SPECKE S	1	PARTIDEAT	H WAS CAUSED) BY: 'E CAUSE (a)	Drui	averg	1080				hars	
-	VE TON					R AS A CONSEO	UENCE OF	-7-5			957		
2	SEX SEX			if any, which									
. ×	NAME AND			to immediate	(b)	R AS A CONSEQ	JENCE OF	17.00					
10	BANANA		lying couse	ost.								1 -0.3	
10	3575		BART 2 OTHER CICHIL	TICANT COMBINIONS	(c)	I BUY MOY BELLEVED YO		ASE DR CONDITION GIVEN I					
ORG	BE EXECUTE WEDICAL E AS A BURIL AND CREMATIO	Z	TAKE 2 OTHER SIGNE	ICAMI COMPILIDAS C	CONTRIBUTING TO DEAT	KOL WALKETYLER IS	THE FERMINAL DISE	AZE DK CONDITION GIVEN I	N PART I I o				
2	HOULD BE RO "HEND THE MED USED AS.	CERTIFICATION	190. DATE OF OR	DED ATION!	Ton one								
7	20年出土4	7 5	140. DATE OF OR	ERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTOP	SY?
15	888898	ゴ島										YES [NOM [
DF VII	HANDEN OF	1	210 EXTERNAL O		21b. TIME C	OF INJURY M. MONTH DAY	YEAR 21c.1	HOW INJURY OCCUI	RRED LENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
NO.	FICATE SHOOT THE COUNTY OF TO BUILD BE	3	CONTRIBUTING	CAUSE OF			19						
100	EX G S G S G	MEDICAL	214 INJURY OC			OF INJURY (AT	HOME. 211. L	OCATION					
5	NR N	E	AT WORK	T WORK] SIREET, PA	CTORY, FARM, ETC.)	1	STREET	CI	TY OR TOWN	co	YINUC	STATE
	F S A A E	1							1	TAT.			
	MAN SER	13	220 I certify t	hot I took charge	e of the remains de	escribed above, h			ction IX , I	inquiry .	and in my of	pinion	
	■世界 DI 正元		death resulted	from: Nature	al causes 🔲 ,	Accident	, Suicide	, Hamicide L	Undeterm	ined monner			
	WAN WAS USED		ACTUAL	1 1010	21 /			TITLE (SPECIFY	1.		0.176	2/.	101
	CAL EXA THE CER SHOULD BRAL DIR SATH, WI	4	SIGNATURE	+ 10/10	ahn			M.D. Charles	MEDICA	LEXAMINER	DATE	ED 3/26	180
	DE 4 MON	11	EXAMINER'S NA	ME LI AA	Mala	2.11	IM	102	10.		0)	MAL 3	en 2.1
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE RE TO FUNERAL DIRECTO AFTER DEATH WITH THE BALTIMORE, MARYLAN		(TYPE OR PRINT)	14/10	ana	. HEUT	NV)	ADDRESS)	1 170X 1	000 (0	Mata,	1000	D976
	524544_	230 1	BURIAL, CREMATIC	N, REMOVAL 2	36 DATE	23c NAME	OF CEMETERY	OR CREMATORY	23d LOCA City or to	TION	COU	INTY	STATE
07/84	BP		BURI	AL	04/03/8	6 TRI	VITY ME	M. GRDNS					MD.
25M		24.	UNERAL DIRECTO	OR .				250. DA	TE REC'D. BY REC				
	DHMH - 17 (VR A15 ME (5))	A	REHART	FUNERA	L HOME	INC. I.	PLATA	MD'APR	76 _ 1986	" Grolland	Sindon	Manufalle	- 1
	, , , , , , , , , , , , , , , , , , , ,					721			200 - 100 000	- 57	40.4	A Walleton	

THE RESIDENCE OF THE PARTY AND LINE WAS ARREST TO BE ASSESSED.



STATE OF MARYLAND 072006 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 1. DECEASED NAME TTYPE OR PRINTS March 2, 1986 Marcene MARY Sinnon 2:45a M 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR JUNE 21, 1907 FEMALE WHITE 78 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA U.S.A. Charles WIDOWEDX DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKER Physicians Memorial Hospital OWN La Plata USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN 134 INSIN WHITE PLAINS 13d INSIDE CITY LIMITS? RT.#1 BOX 3 CHARLES MD. BOX 311 20695 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE BEAUCHAMP MARGARET THOMAS WALKER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES, NO OR UNKNOWN) 205-20-0368 MARGARET HENNING SAME AS #13 NO 18 CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to The and ACUTE RESPIRATORY FAILURE Conditions, if any, which gove rise to immediate cause (o), stoting THREWIE O'R IGHT PLEURAL EFFUSION underlying couse TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 220-1 certify that (I) (this hospital) attended the deceased from , and that in (my) (par) opinion death occurred up the date and hour and from the couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

Girija Rath, M.D. 23a BURIAL, CREMATION, REMOVAL

3-5-86

BURIAL

23¢ NAME OF CEMETERY OR CREMATORY

Waldorf, Md.

MEDICAL

STAFF

GREENWOOD CEMETERYPLEASANTVILLE. NEW JERSEY

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUNERAL HOME, INC. LA PLATA, Md.

22e ADDRESS

THE PROPERTY OF THE PROPERTY O

TOTAL TERMINAL TOTAL TOT

The state of the s

Thenes 1. Taleson, B. . . erom yalan, Veryland

Gremation : 5/24/05 Huntt Crematory Unlike, Charles, '885

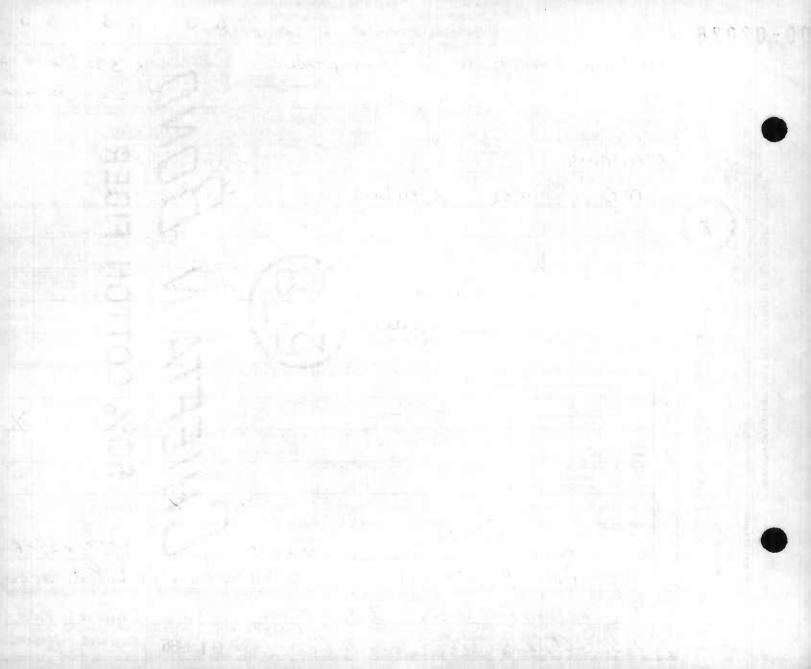
Hunt's Funntel Home Saltentt, Nd 201011 Vole 1900 presented of the

		1						AARYLAND				419	159	
0.0		1-	FOR STATE					AND MENTAL	HAGIENE	0	8 4	1 3	5	
00-	00911	100	REGISTRAR	FIRST	MEL	ICAL EXA	MINEK'S	CERTIFICATE	OFDEATH	REG. N			Abi.	
			CEASED NAME		d 1	WIDDLE	Guan	LAST		OF ESTI-	6 03	14	86	26 HOUR
	Y, PLEASE IRECTOR. UR FILES. '2 HOURS N STREET,		-	361	2 tani	4	Smar			ATH MATED	9 03	19	9	30 M
	STEER	3. SE	X 4 RAC		DATE OF BIRTH		(IN YEARS IF UP			OATE	MONTH	DAY		24 HOUR 2: P
0	RAL DIRECTOR STANK			C MW	11 5	67 18	YRS.			DEAD	03		,86	31 P
Da	SEEST THE YEAR	→ Po B	IRTHPLACE (STATE OR DREIGN COUNTRY)	78	CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER MA	RRIED 19 BA	LTIMORE CITY	OR COUNT	TY OF DE	ATH	
	250		ARYLAND		U. S.		WIDOV			CHARLES		JNTY	,	MD.
	S.m. m. C.	10 C	ITY OR TOWN OF DE	ATH II	NAME OF HOSE	ITAL, NURSING I		IER INSTITUTION	12a USUAL O	CCUPATION (TYPE WORKING LIFE)	E OF WORK	12b. KIND	OF BUS	INESS
	ALAMON OX	L	A PLATA		PHYSICI	ANS MEI	MORIAL	HOSPITA	AL ATTE	NDANT		TRU	CK S	STOP
-	Y DEL		AL RESIDENCE (IF IN NI	URSING HOME OR OF	THER INSTITUTION, GIVI	RESIDENCE BEFORE A		Trad INCIDE CITY LIMITS	2 1120 STREET AL	DDDECC		9-1		
21201	CORREAM		ARYLAND	CHARL	ES	NEWBU	RG	13d INSIDE CITY LIMITS	R.RT	E. A02	BOX	225	206	564
WD.	- 0'- 0'- 0		ATHER'S NAME		ADDLE			15. MOTHER'S MA	IDEN NAME					
	ES SEN		JAMES		ILTON	SWA	MM	MYRT!		THERES	SA	LAS	RLE	V
WO	SAN T		WAS DECEASED EVER	IN U.S. ARMED	FORCES?	166. SOCIAL SEC		17 INFORMANT		ADDRESS		. AO2		
BALTIMORE	E THE SEC	,	res, no, or unknown)	(IF YES, GIVE WAR	OR DATES)	215-04	-2432	MYRTLE T	T SMANI	N. NEWBL			2066	
3	& DEST	-	18 CAUSE OF DEA	TH (Enter only a	ne cause per line l			1 1	SWAIN	N , INL W D C	110,1	APPR	OXIMATE IP	NTERVAL
PRESTON ST	2×987		PART I DEATH V	VAS CAUSED BY	Υ;	Gurghet	Clau	nt to d	post 10	H		SETWEE	THE OWNER A	AND DEATH
10	AEGEGS		THE REAL PROPERTY OF	IMMEDIATE C		S A CONSEQUE						1177		
A ES	STEED STEED		Conditions, if		1									
3	PAN AN A		gave rise to cause (a) stating		DUE TO, OR	S A CONSEQUE	NCF OF			1 - /				-
201	BANKA		lying cause lost		(4)									
	ANGANA		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	TRIBUTING TO DEATH B	IT NOT RELATED TO TH	E TERMINAL DISEAS	E DE CONDITION GIVEN IN	PART 1 (a)					
RECORDS,	ASA CKEM	Z							1746.1					
	997440	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDITI	ON FOR WHICH	OPERATION W	AS PERFORMED?				20. AU	TOPSY?	
DIVISION OF VITAL	58 # 28 # 4	문												NO PE
, F	A WENT	E	210 EXTERNAL CAL	SEWAS	216. TIME OF	INJURY	21c. H	OW INJURY OCCUR	RED LEMIER NATURE	OF INJURY IN ITEM 18	PART 1 OR PA		, .	T
N	E STATE OF S		UNDERLYING CONTRIBUTING		TH I A P.M.	MONTH DAY	YEAR	Cold	(nthe to	A an	dat	CAL	.)	
ISIO	PR PR PR	MEDICAL	216 INJURY OCCUR		21e PLACE O	FINJURY (ATHO	ME, 21f. LO	CATION	1/11/01/0	1000	7 101	Cu	<u>~~a</u>	
2	D S C C C C C C C C C C C C C C C C C C	E	WHILE AT WORK AT W	WHILE NORK	BOUN	RY, FARM, ETC.]	B	TREET 225	CITY O	OR TOWN	COI	YTMU		STATE
	STA PAR						12	7	500	and a	4			
	MA SESES		22a I certify that	I took charge a	f the remains desc	ribed obave, held	A		tion ling	uiry A. on	nd in my op	noinic		
	MER DES		death resulted from	n: Natural o	auses L.,	Accident	Suicide	, Homicide	Undetermine	d monner,				
	2052××		ACTUAL	LINAN	alan.	44		TITLE (SPECIFY)	1.		DATE	INV	1.1.	86
	MEDICAL ECUTE THE GE 4 SHOU FUNERAL TER DEATH	1	SIGNATURE	VVVV	Dealton	V FOI	N	D. COVATIAS	MEDICAL E	XAMINER	SIGNE	0141	MCA	100
	NO N		EXAMINER'S NAME	HANA	nakan	That		70 [±]	1 Bay 10	20 Lap	ata	Md	701	46
	TO ME EXECUTION OF TO FULL A PARTER BALLING	220.0	(TYPE OR PRINT)	OF WOVAL 122	PC PC	la vivis o		ADDRESS J	12210517		0(0),			
		230.8	SPECIFY)					R CREMATORY	23d LOCATIO		COUN	YTP	STAT	E
07/B4 25M	BP	24 F	BURIA UNERAL DIRECTOR	L 103	/17/86	LSACR	ED HEA		LA P	LATA	CH	ARLE	SM	D.
	DHMH - 17		NAME	NIDDA.	ADDRESS	Paris and	-	MAR	2019	1 Delia Le	LUI COM	_ done	1825	4:
	(VR A15 ME (5))	MK	EHART FU	NEKAL	HUME.	INC. I.A	PLATA	INID ILLER A	O C MARIE	0		-		

AREHART FUNERAL HOME, INC., LA PLATA, MD.

(VRA 15, 4)

				5			MARYLAND		- 0	2.0	1 40
	THE PARTY OF THE P	11-	FOR	2	DEPARTM	ENT OF HEALT	TH AND MENTAL	HYGIENE 6	0 8	s ! 3	5
N N - 1	2026	+	REGISTRAR	M	EDICAL EX	KAMINER'S	CERTIFICATE	OF DEATH REG.	NO.		
	2000	TOE	CEASED NAME FIRST	16 717	MIDDLE		LAST	20 DATE KNOWN		Y YEAR	26 HOUR
		(TY	PE OR PRINT	11.42.		Thomas	4 A C 00 A	OF ESTI- DEATH MATED	~ ~ ~	1986	06:00A
	EEERA	2.75	Villiam O	astiv	7		yson				M
	PLEA ECTO ECTO HOUN	3 SE	X A RACE	5 DATE OF BIRT	YEAR		DER) YR. IF UNDE	R 24 HRS. 2t. DATE MIN. PRONOUNCED	MONTH DA		2d. HOUR
	DIRECT DIRECT OUR FI ON STR		11 15	3 2	7 30	SJYRS.	7,000	DEAD	5 22	1986	09:07A
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. ID, WITHIN 72 HOURS V. PRESTON STREET,		IRTHPLACE (STATE OR	76 CITIZEN OF		Y? 8		9 BALTIMORE CIT	Y OR COUNTY OF	FDEATH	
	品品の声音	1 %	OREIGN COUNTRY)	15	51		RIED NEVER MAR		-1/0-		
		VV	lar u land	00	14		WED DIVOR	0//0	aries	VILID OF BUILD	MD.
	PAGE S	10.0	ITY OR TOWN OF DEATH		FACILITY, GIVE STRE		THER INSTITUTION	FOR MOST OF WORKING LIFE)	TYPE OF WORK	KIND OF BUI OR INDUSTR	SINESS
	300 mm	1	Ludury	P.O.	BOY 1	54		unterva	n		
_	- m= 0 a	USU	AL RESIDENCE (IF IN NOTSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)	A Laboratoria			201	111
120	See And	130. 5	IAIE 134COUN	artes	113c. CITY O	ew burg	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	1540	X066	04
	T A & S			,44163		wour 9	YES NO	I TONICOX	10/		
BALTIMORE, MD. 2120	DEATH.	114. F.	ATHER'S NAME	MIDDLE		ST	15 MOTHER'S MAIL	DENNAME		LAST	
ar ar	A SE	1	John F	3	1hon	DSON	Mary	Alico	5	avou	
0	a de la z	166	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIA	SECURITY NO.	17. INFORMANT	ADDRI	ESS	1	
5	S AFTER D GIVE PAG ITH FOR PAGES I NISION O	(1		WAR OR DATES	218-	30-8217	7 40 00	The see	1	11	
× m	JRS AFTE B. GIVE WITH FO I. PAGE DIVISIO	-	no r	ya	210	30 021	rignes	Inumpsor))/	77	
1	D WITHIN 24 HOUR PENCIL IN ITEM 18. AMINER ALONG WI ATRANSIT PERMIT. ENTAL HYGIENE, DI OR REMOVAL.		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per li	ne for (a), (b), a	nad (c).)	1	1	81	APPROXIMATE ETWEEN ONSET	AND DEATH
201 W. PRESTON ST	N 17EM 1 ALONG IT PERM! YGIENE,			TE CAUSE (o)	ardi	o full	monary	1 Arres		20000	
010	A P P P P P P P P P P P P P P P P P P P			DUE TO,	PAS A CONSI	QUENCE OF					
ar ar	EAT NS		Conditions, if any, which		Ser	ette			C. 1.50		
>	NA PARA		gove rise to immediate couse (a) stating the under		R AS A CONS						
5	UTED WITH IN PENCIL EXAMINER SIAL - TRANS D MENTAL ON, OR REA		lying couse last.	000 10,0	K AS A COING	GOENCE OF			100		
2	D BE EXECUTED WITH PENDING" IN PENCIL MEDICAL EXAMINES AS A BURIAL - TRAN EALTH AND MENTAL CREMATION, OR RE	1/2		(c)							
Ö	D BE EXECTENDING" AND AS A BUILD CREMATI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	N BUT NOT RELATED	TO THE TERMINAL DISE	ASE DR CONDITION GIVEN IN F	ART 1 (a),	11/1/2010		- 11 - 1
0	SE S	l s		7							
ac ac	5 A A A A	T F	190. DATE OF OPERATION	196 CON	OITION FOR W	HICH OPERATION	WAS PERFORMED?		120	AUTOPSY?	
3	SHOULD ORD "PE CHIEF A FE USED V	₹			-				100	_	1
>	MORD "WORD " RE CHIEF O BE USE ENT OF H	CERTIFICATION	210 EXTERNAL CAUSE WAS	215 TIME	OF INJURY	Lai	101111111111111111111111111111111111111			YES 🗌	NOX
Ö	TATE TO THE TATE	, U	UNDERLYING OR		M, MONTH D	AY YEAR	HOW INJURY OCCUR	ED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
20	ELODES.	18	CONTRIBUTING CAUSE OF	DEATH P.	M.	19					
DIVISION OF VITAL RECORDS.	FR: THIS CERTIFICATE SHOULD BE EXE WATER WATER THE WORD "PENDING ORWARDED TO THE CHIEF MEDICA ORWARDED TO THE CHIEF MEDICA STATE DEPARTMENT OF HEALTH A LE STATE DEPARTMENT OF HEALTH A LA LORD OF THE CREMAN OF THE	MEDICAL	214 INJURY OCCURRED				OCATION				
ā	HIS C WRIT ARDI AGE :	1 2	WHILE NOT WHILE [STREET, F/	ACTORY, FARM, ETC.		STREET	CITY OR TOWN	COUNTY		STATE
	THIS WARI PAGE 2120		AT WORK AT WORK					<i>E</i>			
	EXAMINER: ECERTIFICATE OULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		22a I certify that I took char	ge of the remains d	escribed above	, held on Auto	ppsy . Inspecti	on Inquiry M.	ond in my opinion		
	WE REPLAN	10	death resulted from: Natu	ral causes	Accident	. Suicide	, Hamicide ,	Undetermined monner],		
	EXA CERT DUE DIRE WARY			11	1 /2		TITLE (SPECIFY)			,	, _
	CAL EXA SHOULD SHOULD STAL DIR SATH, WI ORE, MAR		ACTUAL	-17/	121		Assista	*	DATE 3	155/2	186
	ZEX SER		SIGNATURE	1.10	9//		M.D.Z.JOSI- ICC	7_MEDICAL EXAMINER	SIGNED	/	
	S S S S S S S S S S S S S S S S S S S	1	EXAMINER'S NAME () A-1	id N.C.	Engri	ch	7/19	Woodhowsen Y	Dr. (. 17)	ata m	p 2064
	TO MEDICAL EXAMMED EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT PATHWENT WITH PATHWORE, MARYL	_	(TYPE OR PRINT)	10-10-0	111/11	CN	_ADDRESS_SUIT	TO COOL TICADORE P	T. Carvit	uu, 111	V and P
	EDSTEG	23a.B	URIAL CREMATION, REMOVAL	236 DATE	923c. NA	ME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	GOUNTY	/ 51/	VIE.
07/84	BP	1	Burial	26/1ax	86 Ja	cred H	eart Cati	h LaPlata	Charl	es /	Ud
25M	D1	24. F	UNERAL DIRECTOR				250. DATE		GISTRAR'S SIGNA	ATURE	
	DHMH - 17 (VR A15 ME (5))	17	Mastell as	ADDRE	55/1	9	N P	APR 0 1 1086	- white directed	· /2 2	phene
	(AV WID (AF (2))	4	much da	ance	Mall	asco-1	mar.	41 1/ U 1 1300	0	,	



	1	FOR Film	G614 ite	m 18-22a			AARYLAND I AND MENTAL I	VOIENE		4		,		
070231	1-	STATE 4 REGISTRAR	/8/86 rj	a ME			ERTIFICATE	Fig. 19	REG. NO.	8	4 3	1		
50		CEASED NAME	FIRST		MIDDLE		LAST		KNOWN A	ONTH DA	Y YEAR	26 HOUR		
ET. S. S. S.	1 "	PE OR PRINTS	LINDA	A	RUTH		WALLS	OF DEATH	MATED	3 1	19 86	N		
STREET	3 SE	Х	4 RACE	5. DATE OF BIRTH	YEAR 6 AGE (HDAY) MONT		24 HRS. 2c. DATE		NTH DA	Y YEAR	2d HOUR		
ON STATE	1 1	emale	Caucas	ian 1/2		YRS.	DATS MODES	DEAD)	3 1	1986	9:54		
ESSA ERAL DR Y	7 s E	OREIGN COUNTRY	ATE OR	76. CITIZEN OF WHAT COUNTRY?			ED X NEVER MARR	IED . P. BALTIA	AORE CITY OR CO	O YTMUC				
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED MITH 72 HOURS.	10.6	Kansas		USA	USA WIDOWEI II. NAME OF HOSPITAL, NURSING HOME, OR OTHER (P NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physician's Memorial Hosp OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!				cles Cour					
A GE E	9	ITY OR TOWN	OF DEATH	(IF NOT IN SUCH F				FOR MOST OF WOR	PATION (TYPE OF W		OR INDUSTRY			
. Salar		aldorf	IF IN NURSING HOM	Physicia OR OTHER INSTITUTION O				IHOMEMAR	ter	Own home				
21201 - F ANY DELAY IS N A AND 3 TO THE R RETAIN PAGE 5 HOULD BE FILED RECORDS, 20		MD	113b. COU		Waldori	N	134 INSIDE CITY LIMITS? YES NO 12	13e STREET ADDRI 2392 Pa	iddingt	on C	ourt	20601		
MATH.	14 F	ATHER'S NAME		MIDDLE _	LAST		15. MOTHER'S MAID	A	AIDDLE _		LAST			
S S S S S S S S S S S S S S S S S S S	4_	Adria		Lyle	Cochra		Marjo	rie I	Ruth			(unknown)		
S AFTER DEATH FORM PAGES I AND STATE OF A ST	160.	YES, NO, OR UNKNO	VNI (IF YES, GI	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	D1 '77'	ADDRESS			7		
		No			510-51		Jeffrey	Phillip) Walls		APPROXIMA	as I		
ST DESCENS		18 CAUSE OF PARTIDE	ATH WAS CAUS		e for (a), (b), and (c). Multiple dr		vication			86	ETWEEN ONS	T AND DEATH		
W. PRESTON	1	CXXX	IMMEDI	ATE CAUSE (a)	R AS A CONSEQUEN		reacton							
SI FREE SI		Canditions, if ony, which gave rise to immediate (b)												
		cause (a)	stating the unde	, , ,	R AS A CONSEQUEN	CE OF	Bannan							
EXAL EXAL		lying cous	lying cause last. (c)											
RECORDS, LD 8E EXEC PENDING MEDICAL D ASA BUIL MEALTH AN	Z	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE	TERMINAL OISEAS	OB CONDITION GIVEN IN PA	IRT I (a)						
L RECO	T K	190. DATE OF	0. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?			
SHOW SHOW THE SHOW TH											YES 🙀	NO 🗌		
OF THE WENT TO BE		210 EXTERNAL	and the same of th	21b. TIME O HOUR A.A		EAR 21c H	OW INJURY OCCURRI	D LENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)				
NO HOLDER	1 2	CONTRIBUTIN	G CAUSE O		A. 3/1/ 19 OF INJURY (ATHOM		ject ingeste	d drugs						
OIVIS SEEDER	MEDICAL CERTIFICATION	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	1770	TREET	CITY OR TO		COUNTY		STATE		
PAN WAI		AT WORK	AT WORK	XXX ho	me	23	92 Paddington	Ct. Waldo	rt CI	harles		Md.		
EXAMINER: CERTIFICATE OULD BE FOR I DIRECTOR: 4, WITH THE S				rge of the remains de						ny opinion				
EXAMI CERTIFI JUD BE DIRECT WITH WARYLU		death resulte	d fram: Not	urol causes,	Accident .	Suicide XX		Undetermined m	onner,					
CAL EXA THE CER SHOULD ERAL DIR EATH, WIL		ACTUAL	MN	~ 26	N		Assistant		D	ATE	3-2-8	6		
SEAT SHEET	1	- A - Carl () - Carl	/ "	. ()	/	~		- MEDICAL EXAM		IOINCD				
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH TI BAKINORE, MARYLAI I		(TIPE OR PRIN	(1)	M. Dixon,	M.D.		ADDRESS111 I	Penn St.,	Balto.,	MD :	21201			
5 A A A A A		SURIAL, CREMAT			23c NAME OF	CEMETERY	RCREMATORY	23d. LOCATION		COUNTY		TATE		
07/84 BP	C:	rematic	OR	3/3/86	Hunt	Crei	natory	Waldon REC'D. BY REGISTRA		arle		D		
DHMH - 17 (VR A15 ME (5))		NAME		HOME, WA	מו.חחפד ו	(D)	ZJU. DATE	REC D. DI REGISTRA	IN 1238 NEOISIKA	NOOR	ATURE			
(AK M12 WE (2))	III	DIATT IC	MPIMP	TIOTILL, WE	THIDOLLI 9	ID.	MARAG	100C / /	- M-	3				

St Mar smar allaw year no work was a second THE THE PARTY OF T

(A)